AMENDED RETURN

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable:
Address change
Name change
Initial return
Final return/ terminated
[X] Amended return
Application pending

C Name of organization
SOCIETY FOR SCIENCE & THE PUBLIC
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1719 N STREET, NW

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

F Name and address of principal officer: MAYA AJMERA
SAME AS C ABOVE

D Employer identification number
53-0196483

E Telephone number
(202)785-2255

G Gross receipts $ 25,861,934.

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.SOCIETYFORSCIENCE.ORG

K Form of organization: [X] Corporation Trust Association Other ▶

L Year of formation: 1921 **M** State of legal domicile: DE

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROMOTE PUBLIC UNDERSTANDING OF SCIENCE	
	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	Number of independent voting members of the governing body (Part VI, line 1b)	16
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	112
	6	Total number of volunteers (estimate if necessary)	1700
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	249,007.
	b	Net unrelated business taxable income from Form 990-T, line 34	-138,443.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	52,601,335.	14,287,695.
	9	Program service revenue (Part VIII, line 2g)	4,874,635.	4,592,302.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	872,565.	1,057,089.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	217,180.	180,114.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,565,715.	20,117,200.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,974,793.	4,608,381.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,352,075.	9,811,409.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	193,041.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,711,725.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,797,209.	14,013,300.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,124,077.	28,626,131.
	19	Revenue less expenses. Subtract line 18 from line 12	34,441,638.	-8,508,931.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	108,288,131.	102,277,155.
	21	Total liabilities (Part X, line 26)	8,166,060.	9,178,998.
	22	Net assets or fund balances. Subtract line 21 from line 20	100,122,071.	93,098,157.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer Date

▶ MAYA AJMERA, CHIEF EXECUTIVE OFFICER & PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
ELIZABETH HELLER	Elizabeth Heller	1/9/2019		P00397829

Firm's name ▶ TATE & TRYON — Firm's EIN ▶ 52-1855942

Firm's address ▶ 2021 L STREET, NW SUITE 400
WASHINGTON, DC 20036 — Phone no. 202-293-2200

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes No

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20__

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

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

OMB No. 1545-1878

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number

53-0196483

Name and title of officer

MAYA AJMERA
CHIEF EXECUTIVE OFFICER & PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	20,117,200.
2a Form 990-EZ check here ▶	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶	**b Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize TATE & TRYON to enter my PIN 20036

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 1-9-19

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 52472820002

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 1/9/2019

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
PROMOTING THE UNDERSTANDING AND APPRECIATION OF SCIENCE AND THE VITAL ROLE IT PLAYS IN HUMAN ADVANCEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 18,270,972. including grants of $ 4,608,381.) (Revenue $ 972,533.)
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 THE DESIRE WITHIN STUDENTS TO BECOME SCIENTISTS, ENGINEERS AND INVENTORS.

4b (Code:) (Expenses $ 6,653,457. including grants of $) (Revenue $ 3,619,769.)
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.

4c (Code:) (Expenses $ 1,435,086. including grants of $) (Revenue $)
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 SCIENCE NEWS IN HIGH SCHOOLS AND THE STEM RESEARCH GRANT PROGRAM WE ARE PROVIDING TEACHERS ACROSS THE NATION WITH MORE RESOURCES FOR THEIR CLASSROOM. THROUGH THE ADVOCATE GRANT PROGRAM, WE ARE PROVIDING EDUCATORS WITH THE RESOURCES THEY NEED TO HELP UNDERSERVED STUDENTS PARTICIPATE IN SCIENCE RESEARCH COMPETITIONS, AND THROUGH THE STEM ACTION GRANT PROGRAM, WE ARE PROVIDING FUNDING TO INNOVATIVE NONPROFITS THAT PROMOTE STEM EDUCATION.

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 26,359,515.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	758		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	112		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	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.				
b	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			X
3	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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶AL,AK,AR,AZ,CA,CO,CT,DC,FL,GA,IL,KS

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website ☐ Another's website X Upon request ☐ Other *(explain in Schedule O)*

19 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

THE ORGANIZATION - (202)785-2255
1719 N STREET, NW, WASHINGTON, DC 20036

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) H. ROBERT HORVITZ CHAIR	3.00	X		X				0.	0.	0.
(2) ALAN LESHNER VICE CHAIR	3.00	X		X				0.	0.	0.
(3) ROBERT W. SHAW JR TREASURER	3.00	X		X				0.	0.	0.
(4) PAUL J. MADDON SECRETARY	3.00	X		X				0.	0.	0.
(5) MARY SUE COLEMAN TRUSTEE	3.00	X						0.	0.	0.
(6) HALEY BARNA TRUSTEE	3.00	X						0.	0.	0.
(7) CRAIG BARRETT TRUSTEE	3.00	X						0.	0.	0.
(8) CHRISTY BURTON TRUSTEE (AS OF OCT 2017)	3.00	X						0.	0.	0.
(9) SEAN B. CARROLL TRUSTEE	3.00	X						0.	0.	0.
(10) MARTIN CHALFIE TRUSTEE (AS OF OCT 2017)	3.00	X						0.	0.	0.
(11) TESSA M. HILL TRUSTEE	3.00	X						0.	0.	0.
(12) TOM LEIGHTON TRUSTEE	3.00	X						0.	0.	0.
(13) STEPHANIE PACE MARSHALL TRUSTEE	3.00	X						0.	0.	0.
(14) SCOTT A. MCGREGOR TRUSTEE	3.00	X						0.	0.	0.
(15) JOE PALCA TRUSTEE	3.00	X						0.	0.	0.
(16) FRANK WILCZEK TRUSTEE (UNTIL OCT 2017)	3.00	X						0.	0.	0.
(17) FENG ZHANG TRUSTEE (AS OF SEPT 2017)	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MAYA AJMERA PRESIDENT & CEO	37.50			X				401,553.	0.	46,191.
(19) CHARLES FEENEY CHIEF FINANCIAL OFFICER	37.50			X				236,689.	0.	49,506.
(20) MICHELE GLIDDEN CHIEF PROGRAM OFFICER	37.50				X			194,059.	0.	24,860.
(21) BRUCE MAKOUS CHIEF ADVANCEMENT OFFICER	37.50				X			177,316.	0.	21,916.
(22) KATHLENE COLLINS CHIEF MARKETING OFFICER	37.50				X			170,013.	0.	46,906.
(23) GAYLE KANSAGOR CHIEF COMMUNICATIONS OFFICER	37.50				X			158,664.	0.	25,650.
(24) CAIT GOLDBERG CHIEF OF EVENTS & OPERATIONS	37.50					X		149,406.	0.	29,834.
(25) JAMES MOORE CHIEF IT OFFICER	37.50					X		144,731.	0.	35,095.
(26) ELIZABETH QUILL ACTING EDITOR IN CHIEF	37.50					X		140,765.	0.	16,200.
1b Sub-total ▶								1,773,196.	0.	296,158.
c Total from continuation sheets to Part VII, Section A ▶								258,083.	0.	53,936.
d Total (add lines 1b and 1c) ▶								2,031,279.	0.	350,094.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 18

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LIVE MARKETING INC., 518 DAVIS STREET, SUITE #201, EVANSTON, IL 60201	EVENT PRODUCTION	1,048,815.
QUAD/GRAPHICS, INC N61 W23044 HARRY'S WAY, SUSSEX, WI 53089	PRINTING	772,355.
LEVY RESTAURANT 980 NORTH MICHIGAN AVE., CHICAGO, IL 60611	CATERING SERVICES	624,304.
GLOBAL EXPERIENCE SPECIALISTS INC. PO BOX 96174, CHICAGO, IL 60693	EVENT SERVICES	508,260.
PRODUCTION TRANSPORT, 21250 HAWTHORNE BOULEVARD, SUITE 535, TORRANCE, CA 90503	TRANSPORTATION/SHUTTLE SERVICES	357,630.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 21

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JANET RALOFF EDITOR	37.50					X		133,608.	0.	32,860.
(28) STEPHEN EGTS CHIEF DESIGN OFFICER	37.50					X		124,475.	0.	21,076.
Total to Part VII, Section A, line 1c								258,083.		53,936.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	4,324.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	55,890.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,227,481.				
	g Noncash contributions included in lines 1a-1f: $						
	h **Total.** Add lines 1a-1f			14,287,695.			
Program Service Revenue		**Business Code**					
	2a SCIENCE NEWS	511120		3,370,762.	3,370,762.		
	b SCIENCE EDUCATION PROGRAMS	611710		972,533.	972,533.		
	c SCIENCE NEWS ADVERTISING	541800		249,007.		249,007.	
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			4,592,302.			
	3 Investment income (including dividends, interest, and other similar amounts)			829,609.			829,609.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			147,163.			147,163.
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	5,972,214.					
	b Less: cost or other basis and sales expenses	5,744,734.					
	c Gain or (loss)	227,480.					
	d Net gain or (loss)			227,480.			227,480.
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	**Business Code**					
	11a LIST RENTAL	900099		32,951.			32,951.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			32,951.			
	12 **Total revenue.** See instructions.			20,117,200.	4,343,295.	249,007.	1,237,203.

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 X

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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	373,703.	373,703.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,308,119.	3,308,119.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	926,559.	926,559.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,560,747.	1,077,875.	362,220.	120,652.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,386,040.	4,410,295.	1,482,080.	493,665.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	687,051.	474,487.	159,452.	53,112.
9 Other employee benefits	628,567.	434,097.	145,879.	48,591.
10 Payroll taxes	549,004.	379,150.	127,414.	42,440.
11 Fees for services (non-employees):				
a Management				
b Legal	98,489.	88,197.	9,554.	738.
c Accounting	57,329.	51,338.	5,561.	430.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	193,041.			193,041.
f Investment management fees	129,893.	116,319.	12,600.	974.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,740,161.	3,336,157.	381,535.	22,469.
12 Advertising and promotion	406,943.	333,105.	41,768.	32,070.
13 Office expenses	2,514,495.	2,216,310.	188,456.	109,729.
14 Information technology	1,137,139.	640,953.	395,860.	100,326.
15 Royalties				
16 Occupancy	688,696.	143,154.	545,542.	
17 Travel	2,023,171.	1,944,026.	55,307.	23,838.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,701,732.	2,669,595.	16,676.	15,461.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	138,278.	113,667.	24,611.	
23 Insurance	142,632.	60,702.	81,930.	
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 expenses on Schedule O.)				
a TAXES	127,852.	3,668.	124,184.	
b REGISTRATION/OTHER FEES	72,480.	53,096.	5,453.	13,931.
c BAD DEBTS	34,010.	205.	33,805.	
d OVERHEAD ALLOCATION	0.	3,204,738.	-3,644,996.	440,258.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	28,626,131.	26,359,515.	554,891.	1,711,725.
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)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	279,718.	1	3,632,117.
	2	Savings and temporary cash investments	2,015,000.	2	2,747,742.
	3	Pledges and grants receivable, net	78,442,518.	3	67,694,362.
	4	Accounts receivable, net	267,661.	4	212,934.
	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 contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	453,725.	9	706,380.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 3,649,543.			
	b	Less: accumulated depreciation — 10b: 3,496,813.	286,247.	10c	152,730.
	11	Investments - publicly traded securities	26,543,262.	11	27,130,890.
	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 equal line 34)	108,288,131.	16	102,277,155.
Liabilities	17	Accounts payable and accrued expenses	453,970.	17	996,223.
	18	Grants payable	71,000.	18	99,000.
	19	Deferred revenue	3,267,555.	19	3,285,630.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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	4,373,535.	25	4,798,145.
	26	**Total liabilities.** Add lines 17 through 25	8,166,060.	26	9,178,998.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	14,240,490.	27	15,564,904.
	28	Temporarily restricted net assets	84,848,677.	28	76,164,771.
	29	Permanently restricted net assets	1,032,904.	29	1,368,482.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	100,122,071.	33	93,098,157.
	34	Total liabilities and net assets/fund balances	108,288,131.	34	102,277,155.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,117,200.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,626,131.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,508,931.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,122,071.
5	Net unrealized gains (losses) on investments	5	1,547,688.
6	Donated services and use of facilities	6	20,000.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-82,671.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	93,098,157.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number

53-0196483

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 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 instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1510842.	1193883.	11091117.	1708056.	2436441.	17940339.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5266716.	5127123.	4845395.	4656770.	4343295.	24239299.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	6777558.	6321006.	15936512.	6364826.	6779736.	42179638.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	531,474.	651,682.	9571315.	466,927.	803,275.	12024673.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	531,474.	651,682.	9571315.	466,927.	803,275.	12024673.
8 **Public support.** (Subtract line 7c from line 6.)						30154965.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	6777558.	6321006.	15936512.	6364826.	6779736.	42179638.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	682,919.	746,614.	911,401.	949,370.	976,772.	4267076.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	682,919.	746,614.	911,401.	949,370.	976,772.	4267076.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	192,957.	157,425.	49,903.	38,741.	32,951.	471,977.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	7653434.	7225045.	16897816.	7352937.	7789459.	46918691.

14 **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, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	64.27 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	63.70 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	9.09 %
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	8.72 %

19a **33 1/3% support tests - 2017.** 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 ▶ ☒

b **33 1/3% support tests - 2016.** 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 not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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.)

Section A. All Supporting Organizations

			Yes	No
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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	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 amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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		

Section 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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section 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		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described 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.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
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.**			
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.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d	**3**		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by .035	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	**1**		
2 Enter 85% of line 1	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**		
4 Enter greater of line 2 or line 3	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**		

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI.** See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

INCOME FROM ACTIVITIES NOT NORMALLY RECURRING

SCHEDULE A, PART III:

THE ORGANIZATION RECEIVED UNUSUAL GRANTS AS FOLLOWS:

2013 - $2,218,847

2014 - $6,827,376

2015 - $1,381,805

2016 - $50,893,279

2017 - $11,851,254

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

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

Name of organization: SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number: 53-0196483

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 11,154,253.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 847,001.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 354,888.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 300,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 229,961.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number: 53-0196483

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 95,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 60,463.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 54,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 29,908.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number: 53-0196483

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number: 53-0196483

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 23,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 23,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 20,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number: 53-0196483

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 13,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 13,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 11,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 10,154.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number: 53-0196483

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number: 53-0196483

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		$ 8,640.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number: 53-0196483

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46		$ 10,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

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

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number
53-0196483

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,032,904.	1,007,424.	1,016,591.	1,005,658.	965,939.
b Contributions	300,000.		5,784.	11,408.	16,865.
c Net investment earnings, gains, and losses	116,228.	45,380.	-14,951.	23,178.	22,854.
d Grants or scholarships					
e Other expenditures for facilities and programs	80,650.	19,900.		23,653.	
f Administrative expenses					
g End of year balance	1,368,482.	1,032,904.	1,007,424.	1,016,591.	1,005,658.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .00 %
b Permanent endowment ▶ 100.00 %
c Temporarily restricted endowment ▶ .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,946.		26,946.
b Buildings		1,521,182.	1,519,996.	1,186.
c Leasehold improvements				
d Equipment		552,923.	550,409.	2,514.
e Other		1,548,492.	1,426,408.	122,084.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				152,730.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AWARDS PAYABLE	2,781,760.
(3) ACCRUED POSTRETIREMENT LIABILITY	1,968,000.
(4) DEFERRED LEASE LIABILITY	48,385.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	4,798,145.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements			1	22,384,888.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	1,547,688.		
b	Donated services and use of facilities	2b	720,000.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	2,267,688.
3	Subtract line **2e** from line **1**			3	20,117,200.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	20,117,200.

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

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

1	Total expenses and losses per audited financial statements			1	29,408,802.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	700,000.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	82,671.		
e	Add lines **2a** through **2d**			2e	782,671.
3	Subtract line **2e** from line **1**			3	28,626,131.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	28,626,131.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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 XII, LINE 2D - OTHER ADJUSTMENTS:

ACCRUED POSTRETIREMENT ADJUSTMENT BENEFIT 82,671.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number

53-0196483

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **Yes** [ ] **No**

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARRIBEAN	0	0	PROGRAM SERVICE ACTIVITIES	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	13,390.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICE ACTIVITIES	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	225,955.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICE ACTIVITIES	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	337,734.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICE ACTIVITIES	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	108,748.
NORTH AMERICA	0	0	PROGRAM SERVICE ACTIVITIES	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	26,545.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICE ACTIVITIES	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	76,424.
SOUTH AMERICA	0	0	PROGRAM SERVICE ACTIVITIES	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	69,847.
SOUTH ASIA - AFGHANISTAN, BANGLADESH,	0	0	PROGRAM SERVICE ACTIVITIES	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	47,890.
3 a Sub-total	0	0			906,533.
b Total from continuation sheets to Part I	0	0			20,026.
c **Totals** (add lines 3a and 3b)	0	0			926,559.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2017**

732071 10-06-17

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB SAHARAN AFRICA	0	0	PROGRAM SERVICE ACTIVITIES	AWARDS PAYMENTS AND HOUSING/TRAVEL GRANTS FOR PARTICIPATION IN SSP SCIENCE COMPETITIONS	20,026.
Totals ▶					20,026.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	34,357.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	28,758.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		NORTH AMERICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	22,045.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	19,686.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH AMERICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	17,037.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH ASIA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	15,942.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	14,091.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH AMERICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	13,959.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 0

3 Enter total number of other organizations or entities ▶ 68

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	13,564.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	13,144.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	11,445.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	10,423.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	10,270.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	9,870.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	9,846.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	9,317.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	9,023.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

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)
		SUB-SAHARAN AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,893.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,890.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,693.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,673.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH ASIA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,673.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SUB-SAHARAN AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,633.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,553.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,553.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH AMERICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,513.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

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)
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,174.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	8,053.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,993.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,853.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,315.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,236.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,116.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	7,021.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,956.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,921.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,856.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,742.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,716.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,656.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,655.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH AMERICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,556.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,556.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,556.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,536.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		MIDDLE EAST AND NORTH AFRICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,482.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,456.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,436.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,362.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH ASIA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,276.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,256.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,236.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,136.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

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)
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,097.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,036.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,016.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH AMERICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,016.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	6,016.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,897.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,756.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,686.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,557.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

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)
		EAST ASIA AND THE PACIFIC	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,394.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,389.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH AMERICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,199.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		RUSSIA AND NEIGHBORING STATES	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,197.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,149.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV
		SOUTH AMERICA	HOUSING AND TRAVEL FOR SCIENCE COMPETITION PARTICIPANTS	0.	WIRE	5,129.	CONFERENCE HOUSING AND TRAVEL FOR SSP SCIENCE FAIRS	FMV

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ISEF AWARD	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	53	34,500.	EFT	0.		
ISEF AWARD	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	35	174,500.	EFT	0.		
ISEF AWARD	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	12	8,000.	EFT	0.		
ISEF AWARD	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	7	4,500.	EFT	0.		
ISEF AWARD	RUSSIA AND NEIGHBORING STATES - ARMENIA, AZERBIJAN,	9	4,500.	EFT	0.		
ISEF AWARD	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	5	3,000.	EFT	0.		
ISEF AWARD	SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	15	17,000.	EFT	0.		
ISEF AWARD	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	5	2,500.	EFT	0.		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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)*	☐ 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)*	☐ 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)*	☐ 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 (Form 990) 2017

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

ORGANIZATION RECIPIENTS ARE REQUIRED TO PROVE THEIR NEED FOR A HOUSING/TRAVEL GRANT TO ATTEND ISEF. INDIVIDUAL RECIPIENTS ARE PAID THEIR AWARDS UPON RECEIPT OF APPLICABLE PAPERWORK FROM THE INDIVIDUAL AND VERIFYING THAT THE INDIVIDUAL WON THE APPLICABLE AWARD.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number

53-0196483

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of non-government grants
- **f** [X] Solicitation of government grants
- **g** [ ] Special fundraising events

2 a 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? [X] **Yes** [ ] **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
AVALON CONSULTING GROUP, INC - 805 15TH ST, NW, STE 700,	CONSULTING FOR DIRECT RESPONSE FUNDRAISING		X	65,527.	76,795.	-11,268.
CAMPBELL & COMPANY - ONE EAST WACKER DRIVE, STE 2100,	CONSULTING FOR CAPITAL CAMPAIGN		X	0.	116,246.	-116,246.
Total ▶				65,527.	193,041.	-127,514.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,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,DC

SEE PART IV FOR CONTINUATIONS

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ..... **13a** %

b An outside facility ..... **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: AVALON CONSULTING GROUP, INC

(I) ADDRESS OF FUNDRAISER: 805 15TH ST, NW, STE 700, WASHINGTON, DC 20005

(I) NAME OF FUNDRAISER: CAMPBELL & COMPANY

(I) ADDRESS OF FUNDRAISER:

ONE EAST WACKER DRIVE, STE 2100, CHICAGO, IL 60601

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number
53-0196483

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 615 N WOLFE STREET BALTIMORE, MD 21205	52-0595110	501(C)3	15,000.	0.			SPONSORSHIP
AMITY REGIONAL HIGH SCHOOL 25 NEWTON ROAD WOODBRIDGE, CT 06525	06-6006186	501(C)3	6,000.	0.			SCIENCE COMPETITION AWARD
BELLARMINE COLLEGE PREPARATORY 960 W. HEDDING STREET SAN JOSE, CA 95126	94-1160938	501(C)3	6,000.	0.			SCIENCE COMPETITION AWARD
BERGEN COUNTY ACADEMIES 200 HACKENSACK AVENUE HACKENSACK, NJ 07601	22-6002432	501(C)3	16,000.	0.			SCIENCE COMPETITION AWARD
BOARD OF EDUC SYOSSET CENTRAL SCHOOL DIST - 99 PELL LANE, PO BOX 9029 - SYOSSET, NY 11791	11-6002031	501(C)3	8,000.	0.			SCIENCE COMPETITION AWARD
BYRAM HILLS CENTRAL SCHOOL DISTRICT - 10 TRIPP LANE - ARMONK, NY 10504	13-6007152	501(C)3	6,000.	0.			SCIENCE COMPETITION AWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 30.

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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
CANYON CREST ACADEMY 5951 VILLAGE CENTER, LOOP ROAD SAN DIEGO, CA 92130	03-0542702	501(C)3	6,000.	0.			SCIENCE COMPETITION AWARD
EDGEMONT UNION FREE SCHOOL DIST 300 WHITE OAK LANE SCARSDALE, NY 10583	13-6007119	501(C)3	6,000.	0.			SCIENCE COMPETITION AWARD
GREAT NECK UFSD 345 LAKEVILLE ROAD GREAT NECK, NY 11020	11-6002011	501(C)3	12,000.	0.			SCIENCE COMPETITION AWARD
GREENWICH HIGH SCHOOL 10 HILLSIDE ROAD GREENWICH, CT 06830	06-6002006	501(C)3	12,000.	0.			SCIENCE COMPETITION AWARD
HARKER SCHOOL 4525 UNION AVENUE SAN JOSE, CA 95124	94-1613808	501(C)3	18,000.	0.			SCIENCE COMPETITION AWARD
HUNTER COLLEGE OF THE CITY UNIVERSITY OF NY - 695 PARK AVE #E1601 - NEW YORK, NY 10128	13-3893536	501(C)3	10,000.	0.			SCIENCE COMPETITION AWARD
ILLINOIS MATHEMATICS AND SCIENCE ACADEMY - 1500 W. SULLIVAN ROAD - AURORA, IL 60506	36-3422943	501(C)3	6,000.	0.			SCIENCE COMPETITION AWARD
JERICHO SENIOR HIGH SCHOOL 99 CEDAR SWAMP ROAD JERICHO, NY 11753	11-6002037	501(C)3	18,000.	0.			SCIENCE COMPETITION AWARD
MONTA VISTA HIGH SCHOOL 21840 MCCLELLAN ROAD CUPERTINO, CA 95014	77-0296140	501(C)3	6,000.	0.			SCIENCE COMPETITION AWARD

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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
NORTH CAROLINA SCHOOL OF SCIENCE AND MATHEMATICS - 1219 BROAD STREET - DURHAM, NC 27705	56-1250756	501(C)3	12,000.	0.			SCIENCE COMPETITION AWARD
OSSINING UFSD 190 CROTON AVE OSSINING, NY 10562	13-6007160	501(C)3	6,000.	0.			SCIENCE COMPETITION AWARD
SMITHTOWN CENTRAL SCHOOL DISTRICT 26 NEW YORK AVENUE SMITHTOWN, NY 11787	11-6003110	501(C)3	8,000.	0.			SCIENCE COMPETITION AWARD
TOWN OF N HEMPSTEAD UFSD 4 100 CAMPUS DRIVE PORT WASHINGTON, NY 11050	11-6001994	501(C)3	12,000.	0.			SCIENCE COMPETITION AWARD
UNION FREE SCHOOL DIST 6, MANHASSET UFSD - 200 MEMORIAL PLACE - MANHASSET, NY 11030	11-6002006	501(C)3	6,000.	0.			SCIENCE COMPETITION AWARD
BRONX HIGH SCHOOL OF SCIENCE 75 WEST 205TH STREET BRONX, NY 10468	13-6400434	501(C)3	14,000.	0.			SCIENCE COMPETITION AWARD
CENTENNIAL HIGH SCHOOL 4300 CENTENNIAL LANE ELLICOTT CITY, MD 21042	52-6000968	501(C)3	6,000.	0.			SCIENCE COMPETITION AWARD
PLANO ISD 2700 W. 15TH STREET PLANO, TX 75075	75-6002252	501(C)3	6,000.	0.			SCIENCE COMPETITION AWARD
HERRICKS UNION FREE SCHOOL DIST 999 B HERRICKS ROAD NEW HYDE PARK, NY 11040	11-6003159	501(C)3	10,000.	0.			SCIENCE COMPETITION AWARD

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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
JOHN F. KENNEDY HIGH SCHOOL 3000 BELLMORE AVENUE BELLMORE, NY 11710	11-6000284	501(C)3	6,000.	0.			SCIENCE COMPETITION AWARD
LAKE HIGHLAND PREPARATORY SCHOOL 901 NORTH HIGHLAND AVENUE ORLANDO, FL 32803	59-0624431	501(C)3	8,000.	0.			SCIENCE COMPETITION AWARD
LYNBROOK HIGH SCHOOL 1280 JOHNSON AVENUE SAN JOSE, CA 95129	77-0363503	501(C)3	8,000.	0.			SCIENCE COMPETITION AWARD
MONTGOMERY BLAIR HIGH SCHOOL 51 UNIVERSITY BLVD E. SILVER SPRING, MD 20901	52-6000989	501(C)3	18,000.	0.			SCIENCE COMPETITION AWARD
POOLESVILLE HS / MONTGOMERY CO PUBLIC SCHOOLS - 17501 WEST WILLARD ROAD - POOLESVILLE, MD 20837	52-6000989	501(C)3	6,000.	0.			SCIENCE COMPETITION AWARD
WARD MELVILLE HIGH SCHOOL 380 OLD TOWN ROAD EAST SETAUKET, NY 11733	11-2116435	501(C)3	8,000.	0.			SCIENCE COMPETITION AWARD

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STEM ACTION AND RESEARCH GRANTS	69	193,000.	0.		
AWARDS FOR TEACHERS TO BE STUDENT ADVOCATES	46	147,500.	0.		
AWARDS FOR PARTICIPANTS IN SSP SCIENCE EDUCATION COMPETITIONS	1017	2,966,619.	0.		
ISEF AWARD	2	1,000.	0.		

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

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 J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number

53-0196483

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MAYA AJMERA	(i)	312,652.	79,000.	9,901.	24,000.	23,707.	449,260.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARLES FEENEY	(i)	209,587.	25,000.	2,102.	24,000.	27,586.	288,275.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHELE GLIDDEN	(i)	176,411.	16,480.	1,168.	17,500.	7,880.	219,439.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRUCE MAKOUS	(i)	172,134.	2,500.	2,682.	8,942.	15,244.	201,502.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHLENE COLLINS	(i)	168,020.	0.	1,993.	23,999.	23,426.	217,438.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GAYLE KANSAGOR	(i)	155,214.	2,500.	950.	12,800.	13,370.	184,834.	0.
CHIEF COMMUNICATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CAIT GOLDBERG	(i)	135,193.	13,000.	1,213.	16,985.	14,887.	181,278.	0.
CHIEF OF EVENTS & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMES MOORE	(i)	143,687.	0.	1,044.	14,904.	20,711.	180,346.	0.
CHIEF IT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ELIZABETH QUILL	(i)	139,978.	0.	787.	16,200.	0.	156,965.	0.
ACTING EDITOR IN CHIEF	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JANET RALOFF	(i)	129,757.	0.	3,851.	24,000.	9,370.	166,978.	0.
EDITOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE ORGANIZATION REIMBURSES HEALTH CLUB DUES FOR EMPLOYEES. THE BENEFIT IS TREATED AS TAXABLE COMPENSATION TO THESE INDIVIDUALS.

PART I, LINE 7:

THE ORGANIZATION AWARDED BONUSES TO SEVERAL EMPLOYEES REPORTED IN PART VII, SECTION A.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number
53-0196483

FORM 990, HEADING, ITEM B, REASON FOR AMENDED RETURN:

THE FORM 990 WAS AMENDED TO ADD SCHEDULE G AND REPORT FEES PAID TO PROFESSIONAL FUNDRAISERS THAT WERE MISCLASSIFIED AS "OTHER PROFESSIONAL FEES" IN THE RETURN AS ORIGINALLY FILED. FORM 990, PART IX STATEMENT OF FUNCTIONAL EXPENSES AND FORM 990, PART III PROGRAM EXPENSES WERE ADJUSTED TO REFLECT THE RECLASSIFICATION OF EXPENSE FROM "OTHER PROFESSIONAL FEES" TO "PROFESSIONAL FUNDRAISING FEES". FORM 990, PART VI, LINE 17 WAS ALSO ADJUSTED TO INCLUDE HAWAII IN THE LIST OF STATES.

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.

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

THE FORM 990 WAS PROVIDED TO SSP'S AUDIT COMMITTEE FOR REVIEW AND COMMENTS. PRIOR TO FILING, THE FORM 990 WAS ALSO PROVIDED TO THE REST OF SSP'S BOARD FOR REVIEW.

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

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

Name of the organization: SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number: 53-0196483

EMPLOYEES ARE REQUIRED TO AFFIRMATIVELY DISCLOSE ANY POTENTIAL CONFLICTS BY FILLING OUT A FORM RESPONDING TO THIS INQUIRY. THESE REPONSES ARE REVIEWED BY SSP MANAGEMENT AND THE SSP AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE CEO, AS WELL AS THE OFFICERS AND KEY EMPLOYEES, WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE, WHICH IS INDEPENDENT AND HAS ITS DELIBERATIONS AND DECISIONS DOCUMENTED. SSP HIRED AN INDEPENDENT OUTSIDE COMPENSATION CONSULTANT TO BENCHMARK SALARIES FOR EACH ORGANIZATIONAL POSITION. THIS DATA WAS PROVIDED TO THE EXECUTIVE COMMITTEE AND CONSIDERED WHEN MAKING THE COMPENSATION DECISIONS FOR THE CEO, OFFICERS, AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

AV PRODUCTION AND EXHIBIT SERVICES:

PROGRAM SERVICE EXPENSES	924,149.
MANAGEMENT AND GENERAL EXPENSES	100,107.
FUNDRAISING EXPENSES	7,737.
TOTAL EXPENSES	1,031,993.

TEMPORARY HELP:

Name of the organization: SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number: 53-0196483

PROGRAM SERVICE EXPENSES	64,732.
MANAGEMENT AND GENERAL EXPENSES	7,012.
FUNDRAISING EXPENSES	542.
TOTAL EXPENSES	72,286.
MAGAZINE CONSULTANTS:	
PROGRAM SERVICE EXPENSES	140,077.
MANAGEMENT AND GENERAL EXPENSES	15,174.
FUNDRAISING EXPENSES	378.
TOTAL EXPENSES	155,629.
TRANSLATION SERVICES:	
PROGRAM SERVICE EXPENSES	17,817.
MANAGEMENT AND GENERAL EXPENSES	1,930.
FUNDRAISING EXPENSES	149.
TOTAL EXPENSES	19,896.
COPY EDITOR:	
PROGRAM SERVICE EXPENSES	66,893.
MANAGEMENT AND GENERAL EXPENSES	7,246.
FUNDRAISING EXPENSES	560.
TOTAL EXPENSES	74,699.
FREELANCE WRITERS:	
PROGRAM SERVICE EXPENSES	385,869.
MANAGEMENT AND GENERAL EXPENSES	41,799.
FUNDRAISING EXPENSES	3,230.
TOTAL EXPENSES	430,898.

Name of the organization: SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number: 53-0196483

SECURITY SERVICES:	
PROGRAM SERVICE EXPENSES	163,112.
MANAGEMENT AND GENERAL EXPENSES	17,669.
FUNDRAISING EXPENSES	1,365.
TOTAL EXPENSES	182,146.
PUBLIC RELATIONS:	
PROGRAM SERVICE EXPENSES	493,357.
MANAGEMENT AND GENERAL EXPENSES	53,442.
FUNDRAISING EXPENSES	4,130.
TOTAL EXPENSES	550,929.
RECRUITMENT:	
PROGRAM SERVICE EXPENSES	134,875.
MANAGEMENT AND GENERAL EXPENSES	14,610.
FUNDRAISING EXPENSES	1,129.
TOTAL EXPENSES	150,614.
HONORARIUMS:	
PROGRAM SERVICE EXPENSES	168,286.
MANAGEMENT AND GENERAL EXPENSES	18,229.
FUNDRAISING EXPENSES	1,409.
TOTAL EXPENSES	187,924.
ENTERTAINMENT/TALENT SERVICES:	
PROGRAM SERVICE EXPENSES	157,626.
MANAGEMENT AND GENERAL EXPENSES	17,075.

Name of the organization: SOCIETY FOR SCIENCE & THE PUBLIC

Employer identification number: 53-0196483

FUNDRAISING EXPENSES	1,320.
TOTAL EXPENSES	176,021.
HR CONSULTING:	
PROGRAM SERVICE EXPENSES	14,495.
MANAGEMENT AND GENERAL EXPENSES	1,570.
FUNDRAISING EXPENSES	121.
TOTAL EXPENSES	16,186.
FREELANCE PHOTOGRAPHERS:	
PROGRAM SERVICE EXPENSES	47,675.
MANAGEMENT AND GENERAL EXPENSES	5,164.
FUNDRAISING EXPENSES	399.
TOTAL EXPENSES	53,238.
OTHER SERVICES:	
PROGRAM SERVICE EXPENSES	557,194.
MANAGEMENT AND GENERAL EXPENSES	80,508.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	637,702.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,740,161.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACCRUED POSTRETIREMENT ADJUSTMENT BENEFIT	-82,671.
FORM 990, PART XII, LINE 2C	
THE AUDIT COMMITTEE OVERSEES THE AUDIT AND SELECTION OF THE AUDIT FIRM.	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	