Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury

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

_	Far Ma			ut Form 990 and its instruction				- 20	والمستدي
<u> </u>			ar year, or tax year beginnin		2016, and end	iing j	une 30	, 20 17	
B			lame of organization Code for	Science and Society, Inc.			- D Emb	_	lumber
☑	Address	· -	Ooing business as				4	81-3791683	
	Name ch	nange N	lumber and street (or P.O. box if	mail is not delivered to street addre	ess) Room/	suite	E Telep	phone number	
$\overline{\mathbf{Q}}$	Initial ret		21 SE 34th Ave.				-	510-301-5535	
ᆜ	Final retur	Tir torrini latou		untry, and ZIP or foreign postal co	de				
	Amende	d return Po	rtland, OR 97214					s receipts \$	588,527
	Applicati	on pending F N	lame and address of principal off	icer: Danielle Robinson, Pre	esident	H(a) Is this	a group return	n for subordinates? 🔲 Ye	s 🗹 No
		122	21 SE 34th Ave., Portland, (OR 97214				ates included? 🗌 Ye	
<u></u>	Tax-exer	npt status:	✓ 501(c)(3)) () ◀ (insert no.) ☐ 4947(a)(1) or 🔲 527	If	"No," attac	ch a list. (see instruct	ons)
<u>J</u>	Website	: ► https://	codeforscience.org			H(c) Gro	up exempt	tion number 🕨	
K	Form of o	organization: 🗸 (Corporation Trust Assoc	ciation ☐ Other ►	L Year of form	nation: 201	6 M St	ate of legal domicile:	OR
P	art I	Summary	1						
	1	Briefly descr	ribe the organization's mis	ssion or most significant ac	tivities: Code	e for Science	and Soc	iety, Inc. is organ	ized to
8		-		ne social and economic lives					
Activities & Governance			gy development and deplo						
E	2		oox ▶☐ if the organization	d of more th	an 25%	of its net assets.			
Š				verning body (Part VI, line 1					3
æ				ers of the governing body (+	2
es	1			in calendar year 2016 (Par		•	. 5		0
茎			er of volunteers (estimate i	-			. -		3
Ç	1			n Part VIII, column (C), line			. 7	_	0
•	1			e from Form 990-T, line 34			. 7	·	0
_	-	Net uniterate	d business taxable incom	le Ironi i orni 990-1, line 34	<u> </u>	Prior		Current	
e	8	Contribution	o and grants (Part VIII lin	o 1b)				_	
			ns and grants (Part VIII, line					0	579,503
Revenue		_	vice revenue (Part VIII, lin	-				0	0
æ	10		•	(A), lines 3, 4, and 7d)				0	0
	1	Other revenu		9,024					
	12			(must equal Part VIII, colum				0	588,527
	1			t IX, column (A), lines 1–3) .				0	355,000
	14	•	d to or for members (Part					0	0
S	15			e benefits (Part IX, column (A				0	23,550
Expenses	16a	Professional	I fundraising fees (Part IX,	column (A), line 11e)				0	0
ğ	b	Total fundra	ising expenses (Part IX, c	olumn (D), line 25) 🕨	5,876				
Ш	17	Other expen	nses (Part IX, column (A), li	ines 11a–11d, 11f–24e) .				0	177,050
	18	Total expens	ses. Add lines 13-17 (mus	st equal Part IX, column (A),	line 25) .			0	555,600
	19	Revenue les	s expenses. Subtract line	18 from line 12				0	32,927
Net Assets or Fund Balances						Beginning of	Current Ye	ear End of Y	ear
sets	20	Total assets	(Part X, line 16)					0	299,174
A P	21	Total liabilitie	es (Part X, line 26)					0	266,247
25	22	Net assets of	or fund balances. Subtract	t line 21 from line 20				0	32,927
	art II	Signature						•	
		Ities of perjury,	declare that I have examined this	s return, including accompanying s	schedules and sta	tements, and to	the best	of my knowledge an	d belief, it is
				an officer) is based on all information					
Sig	gn	Signature	e of officer				Date		
He		Keith (Chreston, Secretary-Treasure	er					
	-		print name and title						
_			preparer's name	Preparer's signature	I	Date		PTIN	
Pa			•	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				ck if it in a	
	epare	I				Τ.			
Us	se Onl						irm's EIN		
R4-	v the IF	Firm's addre		r shown above? (see instru	ctions)	[F	hone no.		
IVID	ıy ull e iP	เบ นเจบนชช เก	no return with the prepare	. 3110WII above (500 IIISIIU	ULIUI10)			<u>⊔</u> Y€	es 🗌 No

Form 990 (2016) Page 2 Part III **Statement of Program Service Accomplishments** Briefly describe the organization's mission: Code for Science and Society is organized to advance the power of data to improve the social and economic lives of all people through public education, scientific research, and technology development and deployment. The Organization works to improve the public's ability to find, collect, and share the open data they use to make more informed decisions in the benefit of the public interest. Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O.

3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$355,000 including grants of \$355,000) (Revenue \$) Stencila (Sponsored Projects Program): With the support of Code for Science and Society, Stencila secured seed funding from the Alfred P. Sloan Foundationin 2016. In the 2016/2017 year, Stencila grew from a prototype into an integrated platform for reproducible research with a growing number of contributors and an online community of over 60 active members who engage in discussion on over 50 topics related to Stencila, and more than 500 followers on Twitter. Code for Science and Society has supported Stencila with grant writing, outreach, community development, connections to beta-testers, and running a serices of in-person events that reached over 50 key community members. They have successfully managed and coordinated a team of nine open source developers and started building a growing community of over 200 users, beta testers, developers, and partners.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ 15,253 including grants of \$) (Revenue \$ 9,024) Outreach and Education (Collaborative Communities Program): Over the 2016/2017 reporting period, we conducted six workshops accross Europe and in the US (Berlin, Poland, Dublin, Portland, Copenhagen, and the San Francisco Bay Area), with attendance at these events ranging from 25 to 75 participants. In Portland Oregon we helped to organize a popular monthly javascript programmers meet-up called Donut.js, which typically hosts approximately 50 participants at each monthly meeting. To raise awareness of data preservation issues and teach data science skills, we collaborated with regional partners to host three larger events: csv,conf,v3 (300 participants), DataRescue PDX (150 participants), and Open Data Day (100 participants). These data-centric events included lectures and hands-on skill building workshops. Taken together, these Code for Science and Society events attracted over 700 attendees from research and scholarly disciplines, public data, and civic tech. This helped us build bridges with related projects and grow the community beyond the typical tech crowd.
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 533,275
	Form 990 (2016)

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	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	1	
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		√
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		▼
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		✓
7 8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		1
	complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	✓
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	14a 14b	√	
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	1	
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		→
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		✓
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		,

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
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			١.
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		✓
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			1
04-		23		-
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		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		V
•	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		1
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		✓
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		✓
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			,
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			,
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		·/
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		•
	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			, , , , , , , , , , , , , , , , , , ,
	Part I	31		✓
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		✓
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			,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		✓
•	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			Ť
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	L	
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		✓
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,			
38	Part VI	37		✓
30	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
		1 00	V	

	, ,			aye v
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Officer if Octreditie O contains a response of flote to any line in this hart v	<u> </u>	Yes	No
10	Enter the number reported in Day 2 of Form 1006 Enter 0 if not applicable		103	140
1a 	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
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 0			- 4
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	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		1
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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		✓
b	If "Yes," enter the name of the foreign country: ▶	M		
_	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		./
5a		5b	\vdash	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50	\vdash	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	١_		,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	M		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	11	1
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.			
а	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:	90		
	Initiation fees and capital contributions included on Part VIII, line 12			
a	· · · · · · · · · · · · · · · · · · ·			
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			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 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 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 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ✓ Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 filling the form? 11a 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 1 1 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b 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 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 Oregon Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ✓ Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ Keith Chreston, Secretary-Treasurer, 1221 SE 34th Ave., Portland, OR 97214, (510) 301-5535

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Form 990 (2016) Page **7**

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

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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average	box,	unles	Pos neck ss pe	rson	than of is both	an	(D) Reportable compensation	(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Max Ogden President	44	1		\ •						
(2) Jeremy Freeman (term date 3/21/17)	1	•		•				0	0	0
Board Member	† -	1						0	۰ ا	0
(3) Waldo Jaquith	1									
Board Member		✓						0	0	0
(4) Kristen Ratan	1									
Board Member		✓						0	0	0
(5) Keith Chreston	4									
Secretary-Treasurer				✓				0	0	0
(6)	<u> </u>									
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

(A) Name and title		(B) Average hours per week (list any	(C) Position (do not check more than obox, unless person is both officer and a director/frust					an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation the anization trelated inization inization	n I
(15)													
(16)													
(17)													
(18)								_					
(19)								_			 		
(20)											 		
(21)											<u> </u>		
											<u> </u>		
(22)													
(23)													
(24)													
(25)													
1b	Sub-total				•		•		0	0			0
d	Total from continuation sheets to Part Total (add lines 1b and 1c)						•	<u> </u>	0	0			0
2	Total number of individuals (including bur reportable compensation from the organic		l to th	ose	list	ed a	above	e) w	ho received me	ore than \$100,00	00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete a	•					-	emp	oloyee, or high	est compensate	ed 3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual												1
5	Did any person listed on line 1a receive of for services rendered to the organization						-		•	ation or individu	ıal		1
	on B. Independent Contractors									1 11 64			
1	Complete this table for your five highest compensation from the organization. Repyear.												ах
	(A) Name and business address								(B) Description of s	ervices	(C) Compensation		
None													
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo	ove) who			

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

Parl	: VIII	Statement of Revenue										
		Check if Schedule O	contains a resp	oonse or note to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections				
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues .				revenue		512-514				
s, C Am	С	Fundraising events .		W 11								
Gift	d	Related organizations										
JS, Jimi	е	Government grants (contr										
ibution other S	f	All other contributions, gifts and similar amounts not include		579,503								
d o	g	Noncash contributions include	d in lines 1a-1f: \$	0								
<u>ဒ</u> မ	h	Total. Add lines 1a-1f	<u> </u>	🕨	579,503							
ī.				Business Code	_							
Program Service Revenue	2a b	Program attendance fee	s	611710	9,024	9,024						
<u>:</u>	С											
je r	d											
E	e											
gra	f	All other program service										
P.	g	Total. Add lines 2a-2f		▶	9,024							
	3	Investment income (ir and other similar amou	ncluding dividents)	ends, interest,	-,							
	4	Income from investment of	of tax-exempt bo	ond proceeds ►								
	5	Royalties	 (i) Real	> (ii) Personal								
	6a	Gross rents										
	b	Less: rental expenses										
	c	Rental income or (loss)										
	ď	Net rental income or (lo	oss)									
	7a	Gross amount from sales of	(i) Securities	(ii) Other								
		assets other than inventory										
	b	Less: cost or other basis and sales expenses .										
	С	Gain or (loss)										
	d	Net gain or (loss) .		▶								
Other Revenue	8a	Gross income from fun events (not including \$										
er Re		of contributions reported See Part IV, line 18 .										
ㅎ	b	Less: direct expenses	b									
		Net income or (loss) from Gross income from game	ning activities.	(6)1								
	١.	See Part IV, line 19 .		-								
		Less: direct expenses		.lai								
	100	Net income or (loss) fro		vities ▶								
	IVa	Gross sales of inverteurns and allowances										
	b	Less: cost of goods so	ld b	1,734								
	С	Net income or (loss) fro	om sales of inve	entory 🕨								
		Miscellaneous Rev	venue	Business Code								
	11a											
	b											
	С											
	d	All other revenue .										
	е	Total. Add lines 11a-1	1d '	▶								
	12	Total revenue. See ins	structions	▶ [588,527	9,024						

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon-	se or note to any lin	e in this Part IX .		🗸
	t include amounts reported on lines 6b, 7b, , 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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	355,000	355,000		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	23,550	4,710	14,130	4,710
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	23/000	4710	14/100	177.10
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b c	Management	64		64	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	150 700	150,000		900
12	Advertising and promotion	159,700	158,900		800
13	Office expenses	2.903	530	2,066	307
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel	5,453	5,453		
19	Conferences, conventions, and meetings .	3,334	3,334		
20 21	Interest	3,551	5,551		
22 23	Depreciation, depletion, and amortization . Insurance	5,550	5,327	164	59
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.)				
а	Government fees and taxes	25		25	
b					
C					
d					
е 05	All other expenses	21	21		_
25 26	Total functional expenses. Add lines 1 through 24e 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)	555,600	533,275	16,449	5,876

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	299,174
	2	Savings and temporary cash investments		2	•
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
	U	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			
رم دی		organizations (see instructions). Complete Part II of Schedule L		6	
ĕ	7	Notes and loans receivable, net		7	
Assets	7 8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		9	
	IVa				
	_			40-	
		Less: accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	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)	0	_	299,174
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	0	_	266,247
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
<u>ie</u> s	22	Loans and other payables to current and former officers, directors,			
Ę		trustees, key employees, highest compensated employees, and			
Liabilities		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			
	00			25 26	
	26	Total liabilities. Add lines 17 through 25		20	
S		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27	Unrestricted net assets		27	00.044
<u>a</u>	27 28	Temporarily restricted net assets	0	28	28,914
Ä	29	Permanently restricted net assets	0	29	4,013
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and		29	
Ē		complete lines 30 through 34.			
Net Assets or Fund Balances	20			30	
ě	30	Capital stock or trust principal, or current funds		31	
4SS	31 32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds .		32	
et.	33				00.00=
Ź	34	Total net assets or fund balances	0	34	32,927
	5 4	ויטומו וומטוווגופס מווע וופג מסספנס/ועווע טמומווטפס	U	→	299,174

Form 990 (2016) Page **12**

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			588,527
2	Total expenses (must equal Part IX, column (A), line 25)	2			555,600
3	Revenue less expenses. Subtract line 2 from line 1	3			32,927
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10			32,927
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	•	<u> </u>		<u>, ⊔</u>
			_	Ye	s No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		- 111		
	If the organization changed its method of accounting from a prior year or checked "Other," expl. Schedule O.	aın ı	n		
0-					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed by an independent accountant?				√
	reviewed on a separate basis, consolidated basis, or both:	ea c	"		
	•				
L	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		. 2		1
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited	· on		-	_
	separate basis, consolidated basis, or both:	OII	a		
	☐ 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 ove	rsiah	nt I		-
v	of the audit, review, or compilation of its financial statements and selection of an independent account	_		.	
	If the organization changed either its oversight process or selection process during the tax year, expl				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth i	n 🗀		
	the Single Audit Act and OMB Circular A-133?		. 3	.	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o th			†
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		31	,	
				00	0016

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2016

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** Code for Science and Society, Inc. 81-3791683 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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.) 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. ☐ 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. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-10 listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes No (A) **(B)** (C) (D)

(E) Total

18

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) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions. 1 membership fees received. (Do not include any "unusual grants.") . . . 579,503 579,503 2 revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 4 579,503 579,503 The portion of total contributions by 5 person each (other than governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 544,733 Public support. Subtract line 5 from line 4 34,770 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (b) 2013 (c) 2014 (d) 2015 (e) 2016 (a) 2012 (f) Total Amounts from line 4 7 579,503 579,503 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 579,503 Gross receipts from related activities, etc. (see instructions) 12 9,024 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) % 14 15 Public support percentage from 2015 Schedule A, Part II, line 14 % 331/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/2% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, check 17a 10%-facts-and-circumstances test - 2016. 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 b 10%-facts-and-circumstances test - 2015. 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

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

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.)

	if the organization falls to quality	andor the to	oto notou bok	orr, picaco oc	inploto i ait	··· <i>·</i> /	
	on A. Public Support						
	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees				100		
_	received. (Do not include any "unusual grants.")						
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						
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						
/a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons .						
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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(4) = 0 : =	(.,,	(6) = 5 · ·	(4, 2010	(0) = 0 10	(1)
10a							
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	and 12.)	o organi-sti	l first see	d thind format		 	n F01(a)(0)
14	First five years. If the Form 990 is for the organization, check this box and stop he	_			•		1 7 7
Santi	on C. Computation of Public Suppor			· · · · ·			· · • 📙
<u> 15</u>	Public support percentage for 2016 (line 8			3 column (fi)		15	%
16	Public support percentage from 2015 Sch		•			16	
	on D. Computation of Investment In			<u> </u>			
17	Investment income percentage for 2016 (v line 13. colu	mn (f))	17	%
18	Investment income percentage from 2015					18	
19a	331/3% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box						
b	331/s% support tests - 2015. If the organiz	-	_	-		_	_
_	line 18 is not more than 331/3%, check this l				•		•
20	Private foundation. If the organization di	-	_	•			_

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.)

S

	on 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	id the organization have any supported organization that does not have an IRS determination of status inder section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).						
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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					
С	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. 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					
С	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					
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	5c					
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).						
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					
С	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					
l0a	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.)

Part	V Supporting Organizations (continued)							
			Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?							
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		_					
L	below, the governing body of a supported organization?	11a 11b						
	A family member of a person described in (a) above? 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.	11b						
	on B. Type I Supporting Organizations	HIC						
	on an oppositing 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						
Secti	on 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						
Secti	on D. All Type III Supporting Organizations		Vaa	NI.				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No				
•	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.	•						
Secti	on E. Type III Functionally Integrated Supporting Organizations	3						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	note: u	otion	-)				
	The organization satisfied the Activities Test. Complete line 2 below.	i i Su u	GUOIIS	.				
a b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>							
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	structi	ions).				
2	Activities Test. Answer (a) and (b) below.		Yes	NO				
а	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.							
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or							
	trustees of each of the supported organizations? 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						

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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-functional	_	l tegrated Type III supporti	ing organization (see
	,		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)				
Secti	ection D - Distributions						
1	Amounts paid to supported organizations to accomplish						
2	Amounts paid to perform activity that directly furthers exe						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
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.						
	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive				
	(provide details in Part VI). See instructions.						
9_	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount	I I	/:n	(::n			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2016:						
<u>a</u>							
b							
c	From 2013						
d	From 2014						
e	From 2015						
f	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
<u> </u>	Carryover from 2011 not applied (see instructions)						
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from	1					
	Section D, line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u>b</u>	Applied to 2016 distributable amount						
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3j and 4c.						
8	Breakdown of line 7:						
a							
b	Excess from 2013						
c	Excess from 2014						
d	Excess from 2015						
е	Excess from 2016						

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 B

(Form 990, 990-EZ, or 990-PF)

Internal Revenue Service

Department of the Treasury

Schedule of Contributors

OMB No. 1545-0047

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization Code for Science and Society, Inc. 81-3791683 Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 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** 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 331/3 % 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

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 Employer identification number

Code for Science and Society, Inc.

81-3791683

code for	Science and Society, inc.		81-3/91683
Part I	Contributors (See instructions). Use duplicate copie	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Alfred P. Sloan Foundation 630 Fifth Avenue, Suite 2200 New York, NY 10111	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	John S. and James L. Knight Foundation Southeast Financial Center Suite 3300 Miami, FL 33131	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	The Miami Foundation 40 NW 3rd Street, Suite 305 Miami, FL 33128	ф 47 F02	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization Employer identification number Code for Science and Society, Inc. 81-3791683

Part II	Noncash Property (See instructions). Use duplicate copies	of Part II if additional spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	None	\$	
(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
		\$	

Employer identification number

Name of organization

	Science and Society, Inc.				81-3791683
Part III	Exclusively religious, charitable, et (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the contribu	or the year from any ations completing Pa the year. (Enter this in	one contributor. art III, enter the tota nformation once. S	Complete of of contractions of contractions of contractions of the	columns (a) through (e) and vely religious, charitable, etc.,
/=\ NI=	Use duplicate copies of Part III if ad	ditional space is nee	eded.		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held
	None				
		(e) Trans	ifer of gift		
	Transferee's name, address, a	and ZIP + 4	Relation	nship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held
ŀ		(e) Trans	fer of gift		
	Transferee's name, address, a			nship of tra	nsferor to transferee
(a) No.		ı		1	
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held
		(e) Trans	fer of gift		
	Transferee's name, address, a	and ZIP + 4	Relation	nship of trai	nsferor to transferee
(a) Na		I			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held
		(e) Trans	fer of gift		
	Transferee's name, address, a	and ZIP + 4	Relation	nship of trai	nsferor to transferee

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

ode	for So	cience and Society, Inc.					81	-3791683			
Par				es Outside t	the United States. Comp	olete if the organi			s" on		
1	ass		gibility for the	grants or as	ords to substantiate the amoustance, and the selection			✓Yes	□No		
2		grantmakers. Describe istance outside the Unite		he organization	on's procedures for monit	oring the use o	f its grant	s and oth	er		
3	Acti	ivities per Region. (The fo	llowing Part I	, line 3 table c	an be duplicated if addition	nal space is need	led.)				
		(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 liste a program se describe specifi service(s) in the	rvice, ' c type of	(f) To expenditu and inves in the re	res for ments		
(1)	East .	Asia and the Pacific	0	0	Grant to recipient in region				355,000		
(2)	East .	Asia and the Pacific	0	1	Program services	Program related	software		21,700		
(3)	Euroj	ре	0	3	Program Services	Program related	software		89,050		
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											
(17)											
За		o-total	0	4					465,750		
b		al from continuation ets to Part I	0	0				0			

c Totals (add lines 3a and 3b)

465.750

Page 2

Schedule F (Form 990) 2016

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. PartII

1 (a) 1 orga	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
(a) Name of organization																
(b) IRS code section and EIN (if applicable)																
(c) Region	East Asia & Pacific															
(d) Purpose of grant	East Asia & Pacific Subgrant under Sloan															
(e) Amount of cash grant	355,000 W															
(f) Manner of cash disbursement	355,000 Wire transfer															
(g) Amount of noncash assistance	None N/A															
(h) Description of noncash assistance	N/A															
(i) Method of valuation (book, FMV, appraisal, other)	N/A															

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 N

Enter total number of other organizations or entities ო

Schedule F (Form 990) 2016

Page 3

Schedule F (Form 990) 2016

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. Part III

Schedule F (Form 990) 2016 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance E Ξ (10 (12) (13) (14 (15) (17) (18) <u>N</u> ල <u>4</u> <u>3</u> 9 ϵ <u>®</u> <u>6</u> (16)

Schedule F (Form 990) 2016 Page **4**

Part	V 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; do not 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; do not file with Form 990)	☐ Yes	☑ No

Schedule F (Form 990) 2016 Page 5

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 - Grantmakers Explanation for Monitoring Use of Funds Outside the US
Thorough due diligence is conducted in advance of funding to determine whether a recipient will be an appropriate grantee. Potential
receipients are required to provide proof of tax status and/or registration documents and their organizational documents. All grantees are
notified of the terms and conditions of each grant should it be awarded and grantees indicate acceptance by signature. All international
grants are restricted to a clearly defined charitable purpose. All grantees receive a written grant agreement, and by accepting payment the
grantee agrees to the conditions of the award. Periodic reports are required that address (1) use of the grant funds, (2) compliance with the
terms and conditions of the grant, and (3) progress toward achieving the grant's purpose. The reports are reviewed to confirm that all of the
the funds have been used for charitable purposes and whether all of the funds have been expended.

SCHEDULE O (Form 990 or 990-EZ)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Code for Science and Society, Inc. 81-3791683 Form 990, Part VI, Section B, Line 11b: The Chief Financial Officer, working with the Organization's tax accountants as necessary, prepares the draft Form 990 for review by the Board of Directors and Senior Management. The final Form 990 is distributed to all Board members for their review and comment before filing. Form 990, Part VI, Section B, Line 12c: At the Board meeting during which a new director is elected, he/she is asked to sign the conflict of interest policy forms prepared by our attorney. At the annual meeting, all directors update their forms for the following year. Form 990, Part VI, Section B, Line 15: Pursuant to its Executive Compensation Policy, the Board of Directors reviews the compensation arrangements of the Chief Executive Officer, the Chief Financial Officer (or any person performing the functions of the Chief Executive Officer or Chief Financial Officer, regardless of title), and any employee whose total annual compensation exceeds \$100,000, to determine that the arrangements are reasonable. In making that determination, the Board may consider the following factors, among others: compensation levels paid by similarly situated organizations for functionally comparable positions; the availability of similar services in the geographic area; independent compensation surveys compiled by independent firms; actual written offers from similar institutions competing for the person's services. These determinations are made at the time of hire, when compensation is modified, or at termination, and are documented contemporaneously. Form 990, Part VI, Section C, Line 19: The Organization's governing documents, conflict of interest policy and financial statements are available upon request during regular business hours and when appropriate staff is available. In addition, the Organization's Form 990 is also available upon request and at websites such as Guidestar as soon as reasonably practicable after filing with the IRS.

Name of the organization				Employer Identification n	umber
Code for Science and Society, Inc.				81-379168	3
Form 990, Part VII, Section A. Compensation of Officers:					
The Organization did not begin substantial operations until Janua	ry 2017 and	officers did	not receive any	compensation during t	ne calendar
year period of January 1, 2016 through December 31, 2016 that is	reportable in	this sectio	n of the Form 9	90.	
Form 990, Part IX, Line 11g, Other Fees:					
Professional Fees/Outside Services	Total	Program	Management	Fundraising	
Program Related Software Development Consultants	152,800	152,800	<u>-</u>	<u>.</u>	
Communications Consultants	6,400	5,600	-	800	
Video Production Consultants	500	500			
Total Other Fees on Form 990, Part IX, Line 11g, Col A	159,700	158,900		800	