	_	P	UBLIC DISCLOSURE COPY - STATE REGISTRA Return of Organization Exempt From) OMB No. 1545-0047
For	" g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2022
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it may	-	Open to Public
		enue Service	Go to www.irs.gov/Form990 for instructions and the late lar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2023	Inspection
_			f organization	D Employer identific	ation number
	Check if applicat	le:	rorganization		
	Addr		FOR SCIENCE & SOCIETY, INC.		
	Name Chan		usiness as	81-379168	33
	Initia	- <u>-</u>	and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final returr	3/30	SE HAWTHORNE BLVD. 247	(503) 383	8-1281
	termi ated	City or	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	17,043,407.
	Amer		LAND, OR 97214	H(a) Is this a group re	turn
	Appli tion pend		nd address of principal officer: DANIELLE ROBINSON	for subordinates?	? Yes X No
		SAME	AS C ABOVE	H(b) Are all subordinates inc	No Yes
		empt status: [527 If "No," attach a I	ist. See instructions
	Nebs		CODEFORSOCIETY.ORG	H(c) Group exemption	
	orm o art l		X Corporation Trust Association Other L	Year of formation: 2016 M	State of legal domicile: OR
Г	1	,		COTENCE AND C	
e	1		be the organization's mission or most significant activities: <u>CODE FOR</u> ORGANIZED TO ADVANCE THE POWER OF DAT		
Jano	2	Check this bo			
/err	3				7
ğ	4		dependent voting members of the governing body (Part VI, line Ta)		6
م س	5			39	
itie	6		of individuals employed in calendar year 2022 (Part V, line 2a)		60
Activities & Governance	7a		d business revenue from Part VIII, column (C), line 12		0.
Ā	b		business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
ø	8	Contributions	and grants (Part VIII, line 1h)	6,887,823.	15,357,666.
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)	684,410.	1,400,268.
eve (10		come (Part VIII, column (A), lines 3, 4, and 7d)	0.	285,473.
ш	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,572,233.	17,043,407.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	279,397.	601,802.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,571,431.	4,806,032.
ens	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses				1,927,011.	4,327,556.
_	17		es (Part IX, column (A), lines 11a-11d, 11f-24e) es. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,777,839.	9,735,390.
	19		expenses. Subtract line 18 from line 12	2,794,394.	7,308,017.
JC SC				Beginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)	7,555,592.	15,061,411.
ASS	21		s (Part X, line 26)	253,012.	408,855.
Net Assets or	22		fund balances. Subtract line 21 from line 20	7,302,580.	14,652,556.
	art II				
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date								
Here	KEITH CHRESTON, CHIEF FIN									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	SANG AHN			self-employed P00540880						
Preparer	Firm's name MCDONALD JACOBS,	P.C.		Firm's EIN 93-0900579						
Use Only	Firm's address 121 SW SALMON ST.	, STE 1100								
	Phone no. (503) 227-0581									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

Pa	n 990 (2022) CODE FOR SCIENCE & SOCIETY, INC. 81-3791683 Page 2 rt III Statement of Program Service Accomplishments
ıa	
1	Check if Schedule O contains a response or note to any line in this Part III X Briefly describe the organization's mission:
•	CODE FOR SCIENCE AND SOCIETY, INC. 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.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
~	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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	
	FISCAL SPONSORSHIP PROGRAM: ESTABLISHED IN 2017, THE FISCAL SPONSORSHIP
	PROGRAM SUPPORTS COMMUNITY-LED RESEARCH, EDUCATION, AND TECHNOLOGY
	PROJECTS WORKING IN THE PUBLIC INTEREST. THE PROGRAM IS HOME TO OPEN
	SOURCE SOFTWARE PRACTITIONERS, RESEARCH TEAMS, TECHNICAL COMMUNITIES OF
	PRACTICE, AND ADVOCATES FOR COMMUNITY-CENTERED FUTURES IN RESEARCH AND
	TECHNOLOGY. THE FISCAL SPONSORSHIP GREW TO SUPPORT 15 PROJECTS, ADDING
	THREE NEW PROJECTS IN 2022/2023. (CONTINUED ON SCHEDULE O)
4b	(Code:) (Expenses \$578,231. including grants of \$28,000.) (Revenue \$438,612.
	COLLABORATIVE COMMUNITIES PROGRAM: WE ENVISION A FUTURE WHERE OPEN
	RESEARCH, DATA, AND TECHNOLOGY EFFECTIVELY WORK TOWARDS EQUITABLE
	DISTRIBUTION OF RESOURCES, KNOWLEDGE, AND POWER. WORK IN OUR
	COLLABORATIVE COMMUNITIES PROGRAM INVESTS IN SOCIAL AND ORGANIZATIONAL
	INFRASTRUCTURE AS A CRITICAL FOUNDATION FOR EFFECTIVE RESEARCH AND
	TECHNOLOGY INITIATIVES. WE DEVELOP STRUCTURES FOR PARTICIPATORY
	GRANTMAKING, COMMUNITIES OF PRACTICE, AND PEER-LEARNING TO SUPPORT
	EFFECTIVE RESEARCH AND TECHNOLOGY. (CONTINUED ON SCHEDULE O)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.)
4d	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	Total program service expenses 8,149,916.
4e	Total program service expenses 8,149,916.
4e	Total program service expenses 8,149,916.

Form	990	(2022)

Part IV Checklist of Required Schedules

CODE FOR SCIENCE & SOCIETY, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		 X
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.4.6	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	<u></u>	
IZd		12a	х	
h	Schedule D, Parts XI and XII	12a		
5		12b		х
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
	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	х	
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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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
20a		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	Х	

4

232003 12-13-22

Form	990	(2022)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
		200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
20	"Yes," complete Schedule L, Part IV	200		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u></u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	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
	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?			37
	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 35			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	· 12-13-22	Form	990	(2022)
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Forr	1 990 (2022) CODE FOR SCIENCE & SOCIETY, INC.		81-3791	683	Pa	age 5		
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	39					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х			
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 on Schedule	O		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthorit	y over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	.)?	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 Ad	ccount	s (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 transact	ction?		5b		X		
c	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgar	nization solicit					
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	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 ser	vices pr	ovided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as requ	ired					
	to file Form 8282?			7c		Х		
c	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е		ontract	?	7e		Х		
f								
ç								
h				7g 7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained							
	sponsoring organization have excess business holdings at any time during the year?							
9								
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:							
а	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:							
а	Gross income from members or shareholders	11a						
	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.							
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	13b						
c	Enter the amount of reserves on hand	13c						
14a				14a		Х		
b				14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?							
	If "Yes," see the instructions and file Form 4720, Schedule N.			15				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		Х		
-	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							
23200	5 12-13-22			Form	990	(2022)		

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Form	990	(2022)
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CODE FOR SCIENCE & SOCIETY, INC.

81-3791683 Page 6

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

			_		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other						
	officer, director, trustee, or key employee?			2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х		
6	Did the organization have members or stockholders?			6		Х		
	a 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?		7	'a		x		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		····· –	-				
	persons other than the governing body?			'b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		····· F	-				
	The governing body?		5	Ba	Х			
	Each committee with authority to act on behalf of the governing body?			sb Bb	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		····· ⊢					
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		<u>······ </u>	5				
	tion 21 Choices for required by the internal Re	evenue Code.)			Yes	N		
10-	Did the organization have local chapters, branches, or affiliates?		1	0a	165	X		
			······ "	Ua		- 23		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch			0b				
44	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			~	v			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			2a	X X			
	Nere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			2b	<u> </u>			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		_	v			
	on Schedule O how this was done		····· –	2c	X			
13	Did the organization have a written whistleblower policy?		······ ⊢	3	X			
14	Did the organization have a written document retention and destruction policy?		1	4	X			
15	Did the process for determining compensation of the following persons include a review and approva	al by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official			5a	X			
b	Other officers or key employees of the organization		1	5b	X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a						
	taxable entity during the year?		1	6a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's						
	exempt status with respect to such arrangements?		<u> 1</u>	6b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed OR, CA, CO, MD, M	IA, NY						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 50	1(c)(3)s or	nly) a	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain	n on Schedule O)						
19								
	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 boo	oks and records						
	KEITH CHRESTON - (510) 301-5535							
	3439 SE HAWTHORNE BLVD #247, PORTLAND, OR 97214							
32006					990	(000		

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated
	Employees, and Independe	ent Contra	ctors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

- List an of the organization of content key employees, and so de the induction of efficient directory employees.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	Average Position (do not check more than one			ane	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss pei	s person is both an a director/trustee)			compensation	compensation	amount of
	week				irecto			from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	below	ual tr	tional		voldu	t con		1099-NEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KAITLIN THANEY	40.00		_		-		-			
DIRECTOR AND PROGRAM EXEC		х						172,250.	0.	14,760.
(2) TIMNIT GEBRU	40.00									
DIRECTOR AND PROGRAM EXEC		Х						177,250.	0.	6,549.
(3) ALEXIA HANNA	40.00									
DIRECTOR OF RESEARCH						X		158,650.	0.	13,570.
(4) DANIELLE ROBINSON, PHD	40.00									
EXECUTIVE DIRECTOR				х				149,612.	0.	15,245.
(5) CHRISTOPHER HOLDGRAF	40.00									
PROGRAM EXECUTIVE						X		153,000.	0.	64.
(6) ZACHARY BIALECKI	40.00									
LEAD FRONT-END DEVELOPER	10.00					X		126,895.	0.	8,277.
(7) JOE HAND	40.00							110.000		44 000
SR DIRECTOR OF OPERATIONS	40.00			X				118,986.	0.	11,803.
(8) RICHARD DUNKS	40.00								•	
DIRECTOR OF RESEARCH	40.00					X		111,750.	0.	5,571.
(9) DYLAN BAKER	40.00							104 500	0	10 400
RESEARCHER/ENGINEER	04.00					X		104,500.	0.	10,488.
(10) KEITH CHRESTON	24.00							00.010	0	0
CFO AND SECRETARY	1 00			X				93,810.	0.	0.
(11) KARI JORDAN	1.00								0	0
BOARD CHAIR	1 0 0	Х		X	<u> </u>			0.	0.	0.
(12) JOCHAI BEN-AVIE	1.00							0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) JOHNATHAN CAIN	1.00	x						0	0.	0
BOARD VICE-CHAIR (14) SHANNON DOSEMAGEN	1.00	A						0.	0.	0.
(14) SHANNON DOSEMAGEN DIRECTOR	1.00	x						0.	0.	0.
(15) CORMEKKI WHITLEY	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(16) ELIZABETH EAGEN	1.00				-	-		0.	0.	0.
DIRECTOR		x						0.	0.	0.
								`	.	```
		1								
	1									Farm 990 (2022)

232007 12-13-22

Form 990 (2022)

8

	990 (2022) CODE FOR							-		81-37	/916	83	Page 8
Par			oloye	ees,			ghes	t C		s (continued)			
	(A) Name and title	(B) Average hours per week	box, offic	not cl unles	ss per	nore son is	than o s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mated ount of ther
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		froi orgar and	ensation m the nization related izations
											_		
											_		
	Subtotal								1,366,703.		0.	86	,327.
d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)		<u></u>						0. 1,366,703.		0.	86	0. ,327.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable	:		10
3	Did the organization list any former officer,	director, truste	e, k	ey e	emple	oyee	e, or	hig	hest compensated emp	loyee on		١	res No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	er compensation from t	he organization		3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	X
Sect	rendered to the organization? If "Yes." com ion B. Independent Contractors	plete Schedule	e J fo	or su	ich p	pers	on .				<u> </u>	5	X
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•							•	ensatio	on fron	1
	(A) Name and business	address							(B) Description of s	services	Co	(C) mpens	
ELIFE SCIENCES PUB., LTD., WESTBROOK CTR, MILTON RD, CAMBRIDGE, UNITED KINGDOM MICHELLE BARKER, 69 WIRRAH CLOSE, BAYVIEW						_	PROGRAM CONS	ULTING		190	<u>,000.</u>		
SAR	, CAIRNS, QLD, AUSTRAL AH GIBSON SOFTWARE CON	S, 89 M		DE	RV:	IL	LE		PROGRAM CONS				<u>,203.</u>
GEO	LONDON, UNITED KINGDO RGIANA DOLOCAN, SAT CR			OM	UNZ	A			PROGRAM CONS				<u>,100.</u>
DAM	MPOIA, ROMANIA 237100 IAN AVILA, FRAY MAMERT		U	53	3,	1	F,		PROGRAM CONS				<u>,604.</u> ,000.
	DAD DE CORDOBA, CORDOB Total number of independent contractors (ir \$100,000 of compensation from the organiz	cluding but no	ot lin	nitec	d to t	thos 5						113	,000.
		auon					,				F	orm 9	90 (2022)

232008 12-13-22

Ра	rt VI								
		Check if Schedule O c	ontains a re	esponse	or note to any line		(P)	(0)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts Is	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
Åmc Amc	с	Fundraising events		1c					
àifts ar ∕	d	Related organizations		1d					
s, G	е	Government grants (contri	butions)	1e					
tion r Si	f	All other contributions, gifts, g	grants, and						
ibui		similar amounts not included	above	1f	15,357,666.				
ontr Id C	g	Noncash contributions included in li	ines 1a-1f	1g \$					
<u>a C</u>	h	Total. Add lines 1a-1f				15,357,666.			
					Business Code				
ice	2 a				611710	1,400,268.	1,400,268.		
Program Service Revenue	b								
n S /eni	C								
jrar Re∖	d								
roç	e								
	•	All other program service r Total. Add lines 2a-2f	evenue			1,400,268.			
	3	Investment income (includ	ing dividen	de interc	et and	1,400,200.			
	5	· · · · ·			st, and	285,473.			285,473.
	4	Income from investment of				/ -			,
	5	Royalties	•		h h				
	-			Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Se	curities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
anı			7b						
Revenue		· / ·····	7c						
Re		Net gain or (loss)							
Other	8 a	Gross income from fundraisin	ig events (no	ot					
δ		including \$							
		contributions reported on I	-						
	_	Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from f	-						
	9 a	Gross income from gaming							
	h	Part IV, line 19 Less: direct expenses							
		Net income or (loss) from g							
		Gross sales of inventory, le							
		and allowances		10a					
	b	Less: cost of goods sold							
		Net income or (loss) from s							
		, ,		,	Business Code				
sno	11 a	L							
ane	b								
scellaneo Revenue	с								
Miscellaneous Revenue	d	All other revenue							
2		Total. Add lines 11a-11d							
	12	Total revenue. See instruction	ns			17,043,407.	1,400,268.	0.	285,473.
23200	9 12-13	3-22							Form 990 (2022)

CODE FOR SCIENCE & SOCIETY, INC.

Form 990 (2022)

81-3791683 Page 9

CODE FOR SCIENCE & SOCIETY, INC. 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).

Do not notice anounts reported on lines 80, 26, 80, 80, and 100 of Part VM. Total expenses Program service cogenose Management and privat expenses Comments cogenose 1 Batte and other sestatures to domestic individuals. See Part IV, line 21 338, 556. 338, 556. 338, 556. 2 Grants and other assistance to domestic individuals. See Part IV, line 12 338, 556. 338, 556. 338, 556. 3 Grants and other assistance to domestic individuals. See Part IV, line 13 and 16 9, 166. 9, 166. 9, 166. 6 Compersation of current officers. directors, trustases, and key employees 912, 089. 470, 740. 364, 516. 76, 833. 7 Other advices and wages 3, 253, 914. 2, 826, 751. 221, 611. 205, 552. 6 Grants and chare anoult and combations (include sector 401(t) and 430(s) (rmloyer contributions) 3, 253, 914. 2, 826, 751. 221, 611. 205, 552. 8 Management 912, 089. 470, 740. 46, 574. 40. 4, 674. 9 Other employee banefits 3, 266, 868. 3, 130, 282. 132, 606. 295, 132. 8 Management <	Secu	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schodule O contains a response		-		X
27. 85. 06, and 105 of FMT VIII. expenses general expenses expenses 16 Grats and domestic governments. See Part IV, line 21 338, 556. 338, 556. 338, 556. 2 Grants and other assistance to domestic individuals. See Part IV, line 22 9, 166. 9, 166. 9, 166. 3 Grants and other assistance to domestic individuals. See Part IV, line 21 9, 12, 089. 470, 740. 364, 516. 76, 833. 4 Benefits paid to or for members 912, 089. 470, 740. 364, 516. 76, 833. 5 Compensation of aurent officers, director, prosess declined und scalar and exp(11) and persons (achimultum scalar and exp(11) and persons declined multure scalar and wage 3, 253, 914. 2, 826, 751. 221, 611. 205, 552. 8 Pration plas accurate and wage 3, 253, 914. 2, 826, 751. 221, 611. 205, 552. 9 Other employee benefits 194, 006. 163, 255. 21, 853. 8, 900. 10 Feer of services for permitolyces): 3, 566, 866. 3, 138, 282. 132, 606. 295, 930. 14, 121. 19, 002. 10, 995. 20, 10, 995. 20, 10, 995. 14, 121. 19, 002. 10, 995. 20, 10, 995.<			(A)		(C)	
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7 Other salaries and wages 3, 253, 914. 2, 826, 751. 221, 611. 205, 552. 8 Persion plan accurates and contributions (include section 401(k) and 403(b) employer contributions) 71, 719. 61, 605. 5, 440. 4, 674. 9 Other employee benefits 194, 006. 163, 255. 21, 851. 8, 900. 10 Payroll taxes 374, 304. 301, 902. 47, 270. 25, 132. 1 Fees for services (nonemployees): 374, 304. 301, 902. 10, 995. a Management Legal 29, 997. 19, 002. 10, 995. 9 Other, (fline 11 ganout ceceds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 3, 566, 868. 3, 138, 282. 132, 606. 295, 980. 14 Advertising and promotion 144, 121. 12, 806. 1, 116. 3, 101. 14 Information technology 251, 997. 202, 310. 35, 246. 14, 441. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 33, 086. 32, 686. 400. 11 Insurance 36, 552. 21, 165.						
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11 Fees for services (nonemployees):	~		101 006		<u> </u>	<u>4,0/4</u>
11 Fees for services (nonemployees):	-		<u>194,000</u>		41,001.	0,300.
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16 Occupancy 0 0 17 Travel 251,997. 202,310. 35,246. 14,441. 18 Payments of travel or entertainment expenses 0 <td>14</td> <td>Information technology</td> <td>259,183.</td> <td>228,553.</td> <td>20,878.</td> <td>9,752.</td>	14	Information technology	259,183.	228,553.	20,878.	9,752.
17 Travel 251,997. 202,310. 35,246. 14,441. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 33,086. 32,686. 400. 19 Conferences, conventions, and meetings 33,086. 32,686. 400. 20 Interest 33,086. 32,686. 400. 21 Payments to affiliates 36,562. 21,165. 13,465. 1,932. 24 Other expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount secteds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 32,315. 26,595. 5,720. b MISCELLANEOUS PROGRAM c FOREIGN EXCHANGE LOSS -2,267. -2,347. 80. d	15	Royalties				
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19 Conferences, conventions, and meetings 33,086. 32,686. 400. 20 Interest	18	Payments of travel or entertainment expenses				
19 Conferences, conventions, and meetings 33,086. 32,686. 400. 20 Interest		for any federal, state, or local public officials				
20 Interest	19		33,086.	32,686.	400.	
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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 hereif following SOP 98-2 (ASC 958-720)		· · · · ·	9,735,390			646.297.
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Check here if following SOP 98-2 (ASC 958-720)						
232010 12-13-22 Form 990 (2022)	22004	· · · · · · · · · · · · · · · · ·				Form 990 (2022)

11

232010 12-13-22

Form **990** (2022)

Form 990 (2022)

Part X | Balance Sheet

CODE FOR SCIENCE & SOCIETY, INC.

81-3791683 Page 11

		Check if Schedule O contains a response or note to any line in this Parl	X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,035,438.	1	1,650,803.
	2	Savings and temporary cash investments		2	10,770,952.
	3	Pledges and grants receivable, net		3	2,620,803.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor, or 35	5%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	0/ 521	9	18,853.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		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 33)	7,555,592.	16	15,061,411.
	17	Accounts payable and accrued expenses	168,911.	17	375,102.
	18	Grants payable		18	7,000.
	19	Deferred revenue		19	26,753.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35	5%		
iabi		controlled entity or family member of any of these persons		22	
	23			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		25	
	26	Total liabilities. Add lines 17 through 25	253,012.	26	408,855.
		Organizations that follow FASB ASC 958, check here			
čě		and complete lines 27, 28, 32, and 33.	402.210		1 000 000
alan	27	Net assets without donor restrictions		27	1,288,067.
В	28	Net assets with donor restrictions	6,809,261.	28	13,364,489.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
т		and complete lines 29 through 33.			
ţ	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund	······	30	
t A:	31			31	
Re	32	Total net assets or fund balances	7,302,580.	32	14,652,556.
	33	Total liabilities and net assets/fund balances	7,555,592.	33	15,061,411.

Form **990** (2022)

	1 990 (2022) CODE FOR SCIENCE & SOCIETY, INC.	81-	<u>3791</u>	683	Pag	_{ge} 12	
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,043</u>	<u> </u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,735</u> ,308			
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	,302			
5	Net unrealized gains (losses) on investments	5		31	.,9	<u>59.</u>	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		10	,0	00.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	14	<u>,652</u>	2,5	<u>56.</u>	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>			
			,		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
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	Х		
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
				F a	aan .	(2022)	

Form **990** (2022)

SCHEDULE A	Public Charity Status and Public Support					
(Form 990)	Complete if the organization is a section 501(c)(3) organization or a section					
	4947(a)(1) nonexempt charitable trust.					
Department of the Treasury	Attach to Form 990 or Form 990-EZ.					
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.					
Name of the organization						

	CODE FOR SCIENCE & SOCIETY, INC.	81-3791683
Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instruction:	S.
The orga	anization 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).)	
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 ur	nit 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 X	An organization that normally receives a substantial part of its support from a governmental unit or from th	e 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, membershi	p 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	s support from gross investmer
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the org	anization after June 30, 1975.
	See section 509(a)(2). (Complete Part III.)	
11 厂	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 car	rry out the purposes of one or
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 5	
-	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and	•
a	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), ty	. ,,,,,
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustee	es of the supporting
Г	organization. You must complete Part IV, Sections A and B.	
b L	Type II. A supporting organization supervised or controlled in connection with its supported organization	
	control or management of the supporting organization vested in the same persons that control or management	ge the supported
г	organization(s). You must complete Part IV, Sections A and C.	
c L	Type III functionally integrated. A supporting organization operated in connection with, and functionall	y integrated with,
. г	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 support	ted organization(s)

d upp ng orga 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 II, Type III, Type II, Type II, Type II, Type II, Type III, Type II, Type е functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information	g Provide the following information about the supported organization(s).									
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of monetary	(vi) Amount of other				
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
Total										

OMB No. 1545-0047

Open to Public

Inspection

L

Employer identification number

Schedule A	(Form 990)	2022	CODE	FOR	SCIENCE	&	SOCIETY	/, INC	•
Part II	Suppor	t Schedule	for Organ	nizatio	ns Describe	d ir	n Sections '	170(b)(1)(A)(i

Dublic Current

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1655748.	2911019.	5665972.	6887823.	<u>15357666.</u>	32478228.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1655748.	2911019.	5665972.	6887823.	15357666.	32478228.
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)						8365076.
	Public support. Subtract line 5 from line 4.						24113152.
Sec	ction B. Total Support				1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1655748.	2911019.	5665972.	6887823.	15357666.	32478228.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots					285,473.	285,473.
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						<u>32763701.</u>
12	,					L1	<u>,633,853.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi						B O C O
	Public support percentage for 2022 (I		•	())		14	73.60 %
	Public support percentage from 2021					15	55.21 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	, , ,	0				
b	33 1/3% support test - 2021. If the o	0		,		,	
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			•	•	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				•		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2022

232022 12-09-22

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support				1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b						
	activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				+		
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		n,
Sec	check this box and stop here	c Support Per					
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	<u>%</u>
	ction D. Computation of Inves					1	<u> </u>
17	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
200							
20	Private foundation. If the organizatio	on did not check a	<u>box on line 14,</u> 19a	<u>a, or 19b, chec</u> k th	<u>nis box and see</u> ins	tructions	
	Private foundation. If the organizatio	on did not check a	box on line 14, 19a	<u>a, or 19b, check tr</u>	his box and see ins		(Form 990) 2022

Section A. Public Support

qualify under the tests listed below, please complete Part II.)

(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

16180507 781409 2314

1

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b Schedule A (Form 990) 2022

232024 12-09-22

Schedule A (Form 990) 2022 CODE FOR SCIENCE & SOCIETY, INC.

1

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 on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1

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)

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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 y	<i>ear</i>	(see instructions).
-		car	(000

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how	vou supported a	aovernmental entitv	(see instructions).	

- 2 Activities Test. Answer lines 2a and 2b 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "No" provide details in **Part VI.**

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.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

16180507 781409 2314

2022.05090 CODE FOR SCIENCE & SOCIET 2314___1

18

Part V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organ	izations			
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 m	nust 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 0.015 of line 3 (for greater amount,					
see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by 0.035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, column A)	1				
2 Enter 0.85 of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6				
7 Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting orga	nization (see		

CODE FOR SCIENCE & SOCIETY, INC.

Schedule A (Form 990) 2022

81-3791683 Page 6

232026 12-09-22

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

1 Amounts paid to supported organizations to accomplish exempt purposes

Amounts paid to perform activity that directly furthers exempt purposes of supported

Section D - Distributions

2

20 2022.05090 CODE FOR SCIENCE & SOCIET 2314___1

	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose		3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	e From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022			_	· · · · · · · · · · · · · · · · · · ·
				Sc	hedule A (Form 990) 2022

CODE FOR SCIENCE & SOCIETY, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

81-3791683 Page 7

1

Current Year

Part VI	(Form 990) 2022	CODE TON DOTEN	CE & SOCIETY, I	INC. 81-37916	83 Page
	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lir	1ation. Provide the explan 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 nes 2 and 3; Part IV, Section	ations required by Part II, line b, 9c, 11a, 11b, and 11c; Pa E, lines 1c, 2a, 2b, 3a, and 3	e 10; Part II, line 17a or 17b; Part III, line 1 rt IV, Section B, lines 1 and 2; Part IV, Sec b; Part V, line 1; Part V, Section B, line 1e his part for any additional information.	2; ction C,

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

C	ODE FOR SCIENCE & SOCIETY, INC.	81-3791683
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	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

16180507 781409 2314

CODE FOR SCIENCE & SOCIETY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>3,150,451.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,050,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>358,988.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>588,235.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>2,151,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Employer identification number

81-3791683

16180507 781409 2314

CODE FOR SCIENCE & SOCIETY, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,144,582.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$1,285,819.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 223452 11-15-		\$483,333.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Employer identification number

81-3791683

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
		 \$	

26

Schedule B (Form 990) (2022)

2022.05090 CODE FOR SCIENCE & SOCIET 2314___1

81-3791683

Schedule B (Form 990) (2022)

CODE FOR SCIENCE & SOCIETY, INC.

Name of organization

	(Form 990) (2022)		Pag				
Name of or	ganization		Employer identification number				
	OR SCIENCE & SOCIETY, 1	INC.	81-3791683				
Part III	from any one contributor. Complete columns (a)	through (e) and the following line en	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea htry. For organizations				
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gi	ift				
	Transferes's name, address, a		Polationship of transform to transform				
F	Transferee's name, address, a		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						
			Delationship of transformula transform				
-	Transferee's name, address, a		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				
Ļ							
		(e) Transfer of gi	ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
Γ							
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
F							
		(e) Transfer of gi	ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
Γ							
223454 11-15-	22	I	Schedule B (Form 990) (20				

00		Supplementa	al Financial S	tatements		OMB No. 1545-0047
	HEDULE D n 990)		nization answered "Ye			2022
		Part IV, line 6, 7, 8, 9, 10	11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			Open to Public
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions and t	the latest information.		Inspection
Name	e of the organizati	on CODE FOR SCIENCE &	SOCTETY IN	C	Emp	bloyer identification number 81-3791683
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other	Similar Funds or Ac	cour	Its. Complete if the
		n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advis	ed funds (b) Fun	ds and other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in v	-			
		on's property, subject to the organization's				Yes No
6	0	on inform all grantees, donors, and donor a	0 0			
		oses and not for the benefit of the donor o			Ũ	
Par	impermissible priv					
		ation Easements. Complete if the org			line 7.	
1		servation easements held by the organization		_		incurrent land aver
		of land for public use (for example, recrea	tion or education)	Preservation of a histo	-	•
		f natural habitat	L	Preservation of a certi	ried his	storic structure
2		of open space through 2d if the organization held a qualif	ind conservation contril	oution in the form of a cor	neon vo	tion accoment on the last
2	day of the tax year	. .			ISEIVa	Held at the End of the Tax Year
а		onservation easements			2a	
					2b	
	-	vation easements on a certified historic stru			2c	
		vation easements included in (c) acquired a				
					2d	
3		vation easements modified, transferred, rel				during the tax
-	year		,,,	······································		g
4		where property subject to conservation eas	ement is located			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspec	ction, handling of		
	violations, and enf	orcement of the conservation easements it	holds?			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conservatio	n ease	ments during the year
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and e	nforcing conservation eas	sement	ts during the year
8		vation easement reported on line 2(d) abov	•			
		(4)(B)(ii)?				
9		be how the organization reports conservation				
		d include, if applicable, the text of the footn	ote to the organization'	s financial statements that	t desc	ribes the
Dar	organization's acc t III Organiza	ounting for conservation easements. Ations Maintaining Collections of	Art Historical Tr	assures or Other S	mila	r Accote
Fai	•	•	•		IIIIa	A33613.
		the organization answered "Yes" on Form				
та	0	elected, as permitted under FASB ASC 95	, ,			
		easures, or other similar assets held for put Part XIII the text of the footnote to its finar			ce or p	JUDIIC
h	· •	elected, as permitted under FASB ASC 95			shoot	works of
b	-	sures, or other similar assets held for public				
		ng amounts relating to these items:	canonion, coucation, t		o, pui	5
	•	ded on Form 990, Part VIII, line 1				\$
		ed in Form 990, Part X				÷\$
2		received or held works of art, historical trea				·
_		unts required to be reported under FASB A				
а	-	on Form 990, Part VIII, line 1	-			\$
		Form 990, Part X				\$
LHA	For Paperwork R	eduction Act Notice, see the Instructions	for Form 990.			Schedule D (Form 990) 2022
232051	09-01-22					

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2	0 5 0 0 0	~

	dule D (Form 990) 2022 CODE FOF	<u>SCIENCE</u>	so	CIETY,	INC.			<u>81-37</u>	91683	B Pa	_{age} 2
Par									(contin	ued)	
3	Using the organization's acquisition, accessio	n, and other records	s, checł	k any of the	following that	make sigr	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change progra	ım					
b	Scholarly research	e		Other							
С											
4	Provide a description of the organization's col	-		-	-	-		se in Part	XIII.		
5	During the year, did the organization solicit or					er similar as	ssets		-		-
	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	on answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part										
1 a	Is the organization an agent, trustee, custodia								7		٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	ind complete the fol	lowing	table:					Amount		
	De situation la classica								Amoun		
	Beginning balance						1c				
	Additions during the year						1d				
-	Distributions during the year						1e 1f				
f	Ending balance Did the organization include an amount on Fo						<u> </u>		Yes		No
	If "Yes," explain the arrangement in Part XIII.						·	L	165		
Par											
		(a) Current year		Prior year	(c) Two year			ears back	(e) Four	vears	back
1a	Beginning of year balance	., ,	. ,	,						<u> </u>	
b	Contributions										
	Net investment earnings, gains, and losses										
d											
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1)	g, column (a	a)) held as:						
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%	_								
с	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	tion tha	at are held a	nd administer	ed for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								Зb		
4	Describe in Part XIII the intended uses of the		wment f	funds.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990	, Part I\	V, line 11a. S	See Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) Acc	umulate	d	(d) Bool	valu	е
		basis (investr	nent)	basis	(other)	depr	eciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part)	X. colur	<u>mn (B), line 1</u>	10c.)						0.
								Schadula	13 / E e 199	. mmm)	0000

Schedule D (Form 990) 2022

	SCIENCE & SOCIE	TY, INC.	81-3791683 _{Page} 3
Part VII Investments - Other Securities.			(line 10
Complete if the organization answered "Yo (a) Description of security or category (including name of securi		1	x, line 12. ion: Cost or end-of-year market value
			ion. Cost of end-or-year market value
(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 "Yo (a) Description of investment	es" on Form 990, Part IV, line (b) Book value		X, line 13. ion: Cost or end-of-year market value
(1)	(N) DOOR Value		
(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 "Ye	es" 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) Part X Other Liabilities.	line 15.)		
Complete if the organization answered "Y	es" 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)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)			
2. Liability for uncertain tax positions. In Part XIII, prov		-	
organization's liability for uncertain tax positions un	UEI FAOD AOU / 4U. UNECK N		

Schedule D (Form 990) 2022

232053 09-01-22

	dule D (Form 990) 2022 CODE FOR SCIENCE & SOCIETY				<u>3791683 Page</u> 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	17,075,366.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		31,959.		
b	Donated services and use of facilities			-	
С	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	31,959.
3	Subtract line 2e from line 1			3	17,043,407.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		1	
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	17,043,407.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	9,725,390.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a		1	
b	Prior year adjustments	. 2b		1	
с	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	9,725,390.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	10,000.		
с	Add lines 4a and 4b			4c	10,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	9,735,390.
Pa	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	nd 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 X, LINE 2:

THE OR	GANTZATTON	FOLLOWS	THE	GUIDANCE	ON	ACCOUNTING	FOR	UNCERTAINTY	ΤN
--------	------------	---------	-----	----------	----	------------	-----	-------------	----

INCOME TAXES ACCORDING TO FINANCIAL ACCOUNTING STANDARDS BOARD (FASB)

ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740 ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED CSS'S TAX POSITIONS AND

CONCLUDED THAT CSS HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD NOT TAKEN

UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL

STATEMENTS.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RETURN OF PRIOR YEAR GRANTS

10,000.

232054 09-01-22

Schedule D	(Form 990) 2022
Dort VIII	Supplement

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites ⊢	OMB No. 1545-0047
(Form 990)			nswered "Yes" on Form 990, Part IV,			2022
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service Name of the organization	Go to _W	ww.irs.gov/Form	1990 for instructions and the latest i	nformation.		nspection entification number
Nume of the organization					Employer id	
CODE FOR SCIENC	E & SOCII	ETY, INC	•		81-3791	
		ctivities Out	side the United States. Comple	ete if the organ	ization answer	ed "Yes" on
Form 990, Part IN 1 For grantmakers. Does		maintain rocor	ds to substantiate the amount of its gra	inte and other	esistanco	
-	•		the selection criteria used to award the			X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	outside the
3 Activities per Region. (T			an be duplicated if additional space is n			
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and
		contractors	recipients located in the region)		(s) in the regior	investments in the region
		in the region				
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	GRANTMAKING			233,080.
SOUTH AMERICA	0	0	GRANTMAKING			14,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING			7,000.
	Ů					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				PROGRAM MAN	AGEMENT,	
EAST ASIA AND THE				CONSULTING,	AND EVENT	
PACIFIC	0	2	GRANTMAKING	FACILITATIC	N	220,655.
				PROGRAM MAN	AGEMENT	
CENTRAL AMERICA AND				CONSULTING,	,	
THE CARIBBEAN	0	2	PROGRAM SERVICE	FACILITATIC		29,589.
						,
				PROGRAM MAN	AGEMENT,	
EUROPE (INCLUDING				CONSULTING,	AND EVENT	
ICELAND & GREENLAND)	0	49	PROGRAM SERVICE	FACILITATIC	N	1,619,359.
				PROGRAM MAN	AGEMENT	
MIDDLE EAST AND				CONSULTING,	,	
NORTH AFRICA	0	1	PROGRAM SERVICE	FACILITATIC		10,350.
	, , , , , , , , , , , , , , , , , , ,	1	FROMAN BERVICE	FACIDITATIC		10,330.
NORTH AMERICA				PROGRAM MAN	AGEMENT,	
(CANADA AND MEXICO				CONSULTING,		
BUT NOT U.S.)	0	16	PROGRAM SERVICE	FACILITATIC		313,572.
3 a Subtotal	0	70				2,447,605.
b Total from continuation						
sheets to Part I	0	42				685,188.
c Totals (add lines 3a and 3b)	0	112				3,132,793.

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

Schedule F (Form 990) 2022

232071 10-17-22

Schedule F (Form 990)	CODE FOR	SCIENCE	& SOCIETY, INC.	81-379168	3 Page 1
(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
SOUTH AMERICA	0	19	PROGRAM SERVICE	PROGRAM MANAGEMENT, CONSULTING, AND EVENT FACILITATION	345,470.
SOUTH ASIA	0	5	PROGRAM SERVICE	PROGRAM MANAGEMENT, CONSULTING, AND EVENT FACILITATION	51,600.
SUB-SAHARAN AFRICA	0	18	PROGRAM SERVICE	PROGRAM MANAGEMENT, CONSULTING, AND EVENT FACILITATION	288,118.
Totals		42			685,188.

232181 04-01-22

Schedule F (Form 990) 2022	CODE	FOR SCIENCE	& SOCIETY, INC.		81-3791683	91683		Page 2
Part II Grants and Othe recipient who rec	er Assistance to Or ceived more than \$5	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	• the United States. additional space is ne	Complete if the org sded.	ganization answered	l "Yes" on Form 9	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any seded.	
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)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA ANDORRA.	PROGRAMMATIC SUPPORT	228.131.	WIRE TRANSFER	0		
				.000	WIRE TRANSFER			
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	DIGITAL INFRASTRUCTURE INCUBATOR AWARD	7,000.1	7,000. WIRE TRANSFER	.0		
		SOUTH AMERICA	DIGITAL INFRASTRUCTURE INCUBATOR AWARD	7,000.1	WIRE TRANSFER	.0		
	recipient organization inization by the IRS,	Enter total number of recipient organizations listed above that are recogni exempt 501(c)(3) organization by the IRS, or for which the grantee or coun	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, ri tion 501(c)(3) equi	ecognized as a tax ivalency letter			4
3 Enter total number of other organizations or entities	other organizations	or entities					Scheo	Schedule F (Form 990) 2022

35

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
	IV, line 16.	(g) Description of noncash assistance					Schedt
81-3791683	n Form 990, Part	(f) Amount of noncash assistance					
	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.	(e) Manner of cash disbursement					
SOCIETY, INC.	:es. Complete if	(d) Amount of cash grant					
SCIENCE & SOC	• the United Stat	(c) Number of recipients					
CODE FOR SCIE	e to Individuals Outside dditional space is needed	(b) Region					
Schedule F (Form 990) 2022 C	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

232073 10-17-22

Schedule F (Form 990) 20		FOR	SCIENCE	&	SOCIETY,	INC.
Part IV Foreign F	orms					

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

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:

THOROUGH DUE DILIGENCE IS CONDUCTED IN ADVANCE OF FUNDING TO DETERMINE

WHETHER A RECIPIENT WILL BE AN APPROPRIATE GRANTEE. POTENTIAL RECIPIENTS

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.

Schedule F (Form 990) 2022

16180507 781409 2314

SCHEDULE I (Form 990)		GOV Comple	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.}	er Assistand Individuals answered "Yes"	d Other Assistance to Organizations, ts, and Individuals in the United States anization answered "Yes" on Form 990, Part IV, line 21 or 2	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.ç	Attach to Form 990. jov/Form990 for the Ia	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	tion.		Open to Public Inspection
Name of the organization	CODE FOR	SCIENCE &	SOCIETY, INC	U				Employer identification number 81 – 3791683
Part I General In	Grants a							
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	bstantiate the		r assistance, the g	rantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	:
Describe in Darf	criteria used to award the grants or assistance? Describe in Dort IV the organization's proceed use for monitoring the use of grant funds in the United States	e? Irae for monito	vina the use of areaf fi	botion bottool	Ctatae			YesNo
E I	Grants and Other Assistance to Domestic Organizations and Domestic Governments.	estic Organiz	ations and Domestic (Governments. Co	orates. omplete if the orga	nization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	V, line 21, for any
recipient th	recipient that received more than \$5,000. Part II can be duplicated	0. Part II can t	be duplicated if addition	if additional space is needed.	d.			
1 (a) Name and ac or gov	1 (a) Name and address of organization or government	(q)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OAKLAND, CA 94607		94-3255070	501(C)(3)	331,556.	.0			PROGRAMMATIC SUPPORT
APPROPEDIA FOUNDATION PO BOX 1083 ARCADIA, CA 95518		20-8982657	501(C)(3)	7,000.	0.			DIGITAL INFRASTRUCTURE INCUBATOR AWARD
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment org	anizations listed in the	line 1 table				2.
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	ed in the line 1	table					0.
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	the Instructio	ns for Form 990.					Schedule I (Form 990) 2022

232101 10-31-22

39

Schedule I (Form 990) 2022 CODE FOR SCIENCE	E & SOCIETY,	TY, INC.			81-3791683 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	rred "Yes" on Form 9	00, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
GENERAL SUPPORT	N	9,166.	. 0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l luired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THOROUGH DUE DILIGENCE IS CONDUCTED	D IN ADVANCE	OF	FUNDING TO DE'	DETERMINE	
WHETHER A RECIPIENT WILL BE AN APPF	APPROPRIATE	ATE GRANTEE.	FOR SUBSTANTIAL	VTIAL GRANTS	
THAT FUND SPECIFIC PROJECTS, RECIPIENTS		REPORT USES O	OF CHARITABLE FUNDS	LE FUNDS AS	
THEY OCCUR.					
232102 10-31-22					Schedule I (Form 990) 2022

40

sc	HEDULE J	Compensation Information		OMB No. 1	545-004	17
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	იი)
		Compensated Employees		ZU	MB No. 1545-0047 Pento Public Inspection Ification number 1683 Yes No Ib No 1b I I I I I I I I I I I I I I I I I I I	
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publi	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		-		
Nam	e of the organization					nber
_		CODE FOR SCIENCE & SOCIETY, INC.	81-3	379168:	3	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
-						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
-		provision of all of the expenses described above? If "No," complete Part III to explain		1 b		<u> </u>
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
2	la dia ata udaia la lifa.					
3		ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant <u>X</u> Compensation survey or study				
	X Form 990 of o		ommittoo			
			ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				
c	•	eive payment from an equity-based compensation arrangement?				
		nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2022

Schedule J (Form 990) 2022 CODE FOR	БO	R SCIENCE &	SOCIETY,	INC.	81-3791683	683		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	mplo	yees, and Highest C	ompensated Empl	oyees. Use duplica	te copies if additional s	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.	be re	ported on Schedule J 990, Part VII.	, report compensati	on from the organiz	ation on row (i) and fror	n related organizations	, described in the instr	uctions, on row (ii).
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.	ed in	dividual must equal th	ie total amount of Fo	orm 990, Part VII, Se	ection A, line 1a, applic	able column (D) and (E) amounts for that indiv	idual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KAITLIN THANEY	Ξ	172,25	0.	.0	6,890.	7,870.	187,010.	•0
DIRECTOR AND PROGRAM EXEC	≘		0.	.0		.0		.0
(2) TIMNIT GEBRU	Ξ.	177,250.	0.	.00	6,485.	64.	183,799.	.0
(3) ALEXTA HANNA		158 65			5 837	7 7 33	172 220	
			.0	.0	-	-		.0
(4) DANIELLE ROBINSON, PHD	€	149,61	0.	0.	6,781.	8,464.	164,857.	0.
EXECUTIVE DIRECTOR	(ii)		0.	• 0	• 0	• 0	• 0	0.
(5) CHRISTOPHER HOLDGRAF	(i)	153,00	0.	.0	0.	. 49	153,064.	.0
PROGRAM EXECUTIVE	(ii)	0.	0.	0.	0.	0.	0.	.0
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232112 10-18-22

Schedule J (Form 990) 2022 CODE FOR SCIENCE & SOCIETY, INC. Part III Supplemental Information	81-3791683 Page 3
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.	s part for any additional information.
	Schedule J (Form 990) 2022

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



CODE FOR SCIENCE & SOCIETY, INC. Employer identification number 81-3791683

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MANY OF THE PROJECTS ALREADY IN THE FISCAL SPONSORSHIP PROGRAM SAW

SIGNIFICANT INCREASES IN GRANT AND CONTRACT REVENUE, LEADING TO

INCREASED PROGRAM ACTIVITIES AND IMPROVED PROJECT SUSTAINABILITY

THROUGH REVENUE DIVERSITY. THE INCREASE IN FUNDING AND ACTIVITIES IN

THE FISCAL SPONSORSHIP PROGRAM EXPANDS OUR REACH ACROSS COMMUNITIES

LEVERAGING EDUCATION, DATA, RESEARCH, AND TECHNOLOGY IN THE PUBLIC

INTEREST.

READ MORE ABOUT THIS PROGRAM: HTTPS://WWW.CODEFORSOCIETY.ORG/FSP

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2022/20223 WE CONTINUED TO GROW INVESTMENTS IN COMMUNITIES OF

PRACTICE THROUGH PARTICIPATORY AND COMMUNITY-CENTERED GRANTMAKING VIA

THE EVENT FUND. THIS FUND IS A COMMUNITY-GOVERNED FUNDING PROGRAM THAT

SUPPORTS DATA SCIENCE COMMUNITIES OF PRACTICE AROUND THE WORLD WITH

SMALL GRANTS AND COHORT-BASED SKILL-BUILDING. WE ALSO CONTINUED

SERVICES TO SUPPORT TECHNOLOGY AND DATA INFRASTRUCTURE DEVELOPMENT IN

THE DIGITAL INFRASTRUCTURE INCUBATOR PROGRAM. THIS PROJECT INCUBATOR

BRIDGES THE GAP BETWEEN RESEARCH AND PRACTICE AND IS SPECIFIC TO THE

CHALLENGES OF SUSTAINING INFRASTRUCTURAL PUBLIC INTEREST TECHNOLOGY. IN

2022/2023 WE LAUNCHED NEW WORK CENTERED ON DEVELOPING AND SUPPORTING

COMMUNITIES OF PRACTICE WORKING ON CLIMATE-SENSITIVE INFECTIOUS

DISEASE. WE CONTINUED TO HOST IN PERSON AND VIRTUAL SPACES FOR LEARNING

AND SHARING ACROSS RESEARCH, DATA, AND TECHNOLOGY COMMUNITIES.

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

Schedule O (Form 990) 2022	Page 2
Name of the organization CODE FOR SCIENCE & SOCIETY, INC.	Employer identification number 81-3791683
THE ORGANIZATION'S TAX ACCOUNTANTS PREPARE FORM 990 FOR RE	VIEW BY THE BOARD
OF DIRECTORS AND SENIOR MANAGEMENT. THE FINAL FORM 990 IS	DISTRIBUTED TO
ALL BOARD MEMBERS FOR THEIR REVIEW AND COMMENT BEFORE FILL	NG.

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

AT THE BOARD MEETING DURING WHICH A NEW OFFICER OR 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. IF A CONFLICT ARISES, THE BOARD WILL DETERMINE THE APPROPRIATE COURSE OF ACTION AS PROVIDED IN THE CONFLICT OF INTEREST POLICY. THIS WILL INCLUDE REQUIRING DIRECTORS WITH CONFLICTS TO ABSTAIN FROM VOTING ON TRANSACTIONS WITH WHICH THEY MAY HAVE A CONFLICT, AND BOARD DELIBERATIONS TO DECIDE WHETHER TO ENTER IN TO A TRANSACTION, AND IF SO, TO ENSURE THAT THE TERMS OF THE TRANSACTION ARE REASONABLE.

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 \$150,000, 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 20212 10-28-22

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45

DOCUMENTED CONTEMPORANEOUSLY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERN	EST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST DURING REC	GULAR BUSINESS
HOURS AND WHEN APPROPRIATE STAFF IS AVAILABLE. IN ADDITION	N, THE
ORGANIZATION'S FORM 990 IS ALSO AVAILABLE UPON REQUEST ANI	D AT WEBSITES SUCH
AS GUIDESTAR AS SOON AS REASONABLE PRACTICABLE AFTER FILIN	NG WITH THE IRS.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAM CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	2,882,084.
MANAGEMENT AND GENERAL EXPENSES	21,425.
FUNDRAISING EXPENSES	275,763.
TOTAL EXPENSES	3,179,272.
ADMINSTRATIVE CONSULTING SERVICES:	
PROGRAM SERVICE EXPENSES	112,692.
MANAGEMENT AND GENERAL EXPENSES	91,473.
FUNDRAISING EXPENSES	11,539.
TOTAL EXPENSES	215,704.
HR AND PAYROLL ADMINISTATION:	
PROGRAM SERVICE EXPENSES	93,160.
MANAGEMENT AND GENERAL EXPENSES	12,887.
FUNDRAISING EXPENSES	6,690.
TOTAL EXPENSES	112,737.
232212 10-28-22 46 .80507 781409 2314 2022.05090 CODE FOR SCI	Schedule O (Form 990) 2022 ENCE & SOCIET 2314_

Schedule O (Form 990) 2022 Name of the organization

CODE FOR SCIENCE & SOCIETY, INC.

Employer identification number 81-3791683

TIME OF HIRE, WHEN COMPENSATION IS MODIFIED, OR AT TERMINATION, AND ARE

16

Schedule O (Form 990) 2022 Name of the organization		Employer identification numb
	CE & SOCIETY, INC.	81-3791683
COMMUNICATIONS SERVICES:		
PROGRAM SERVICE EXPENSES		50,346
MANAGEMENT AND GENERAL EXPEN	SES	6,821
FUNDRAISING EXPENSES		1,988
TOTAL EXPENSES		59,155
FOTAL OTHER FEES ON FORM 990	, PART IX, LINE 11G, COL A	3,566,868
FORM 990, PART XI, LINE 9, C	HANGES IN NET ASSETS:	
RETURN OF PRIOR YEAR GRANTS		10,000
THE PROCESS HAS NOT CHANGED	FROM THE PRIOR YEAR.	
32212 10-28-22	47	Schedule O (Form 990) 2