

		PUB	LIC DISCLOSURE COPY - STATE REGISTRATI Return of Organization Exempt From		54 OMB No. 1545-0047
Form <b>990</b> Uni			•		0000
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code ( Do not enter social security numbers on this form as it may		
Depa Interr	rtment	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lates		Open to Public Inspection
_				JUN 30, 2022	
B	Check if	C Name o	f organization	D Employer identific	ation number
	Addr	ess SCIE	NCE FRIDAY INITIATIVE, INC.		
	Name		usiness as	13-425217	/3
	Initial returr Final returr	Number	r and street (or P.O. box if mail is not delivered to street address) Room/su ROAD STREET 801	uite E Telephone number 212-840-2	2244
	termi ated	n_	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	2,115,196.
	Amer		YORK, NY 10004-2922	H(a) Is this a group re	
	Appli tion pend		nd address of principal officer: DANIELLE DANA JOHNSON	for subordinates?	? Yes X No
	-	SAME	AS C ABOVE	H(b) Are all subordinates ind	
		empt status: [			ist. See instructions
	Nebs		SCIENCEFRIDAY.COM	H(c) Group exemption	
	orm o art l	f organization: [ Summary	X Corporation Trust Association Other L Y	Year of formation: 2003	State of legal domicile: CT
ГС	<u>г</u>				
e	1	Briefly describ	e the organization's mission or most significant activities: THE ORGAL G WAYS TO BRING SCIENCE AND TECHNOLOGY	MIZATION CREAT	
ano					
Activities & Governance	2	Check this bo		11	
ğ	4		ting members of the governing body (Part VI, line 1a)		10
<u>مە</u>	5		of individuals employed in calendar year 2022 (Part V, line 2a)		0
ties	6		of volunteers (estimate if necessary)		10
ť			d business revenue from Part VIII, column (C), line 12		0.
Ă			business taxable income from Form 990-T, Part I, line 11		0.
		Not annoiated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	1,984,394.	1,353,538.
Revenue	9		ce revenue (Part VIII, line 2g)	1,121,952.	565,261.
sei	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	151,973.	33,922.
č	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)	3,258,319.	1,952,721.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	2,269,489.	881,615.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
e d	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 191,286.		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	938,993.	524,385.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,208,482.	1,406,000.
	19	Revenue less	expenses. Subtract line 18 from line 12	49,837.	546,721.
Net Assets or				Beginning of Current Year	End of Year
sset	20	Total assets (I		7,093,144.	8,287,242.
it As	21		s (Part X, line 26)	1,183,010.	2,338,225.
			fund balances. Subtract line 21 from line 20	5,910,134.	5,949,017.
	art II	-			
			I declare that I have examined this return, including accompanying schedules and stat		knowledge and belief, it is
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.	

Sign	Signature of officer		Date						
Here									
	Type or print name and title								
	Print/Type preparer's name Preparer's signa	ture Date	Check PTIN						
Paid	GARRETT M. HIGGINS GARRETT	M. HIGGINS 05/25	/23 self-employed P00543209						
Preparer	Firm's name PKF O'CONNOR DAVIES ADVIS	ORY, LLC	Firm's EIN 87-3231666						
Use Only	Firm's address 300 TICE BOULEVARD, SUITE	315							
	WOODCLIFF LAKE, NJ 07677		Phone no. 201 - 712 - 9800						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
232001 12-13	3-22 LHA For Paperwork Reduction Act Notice, see the sepa	arate instructions.	Form <b>990</b> (2022)						
~									

SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

<ul> <li>Bieley deardine the organization's mission: THE MISSION OF THE ORGANIZATION IS TO PROVIDE A PUBLIC PLATFORM FOR DISCUSSION AND UNDERSTANDING OF THE LATEST DISCOVERIES, INNOVATIONS AND CONTROVERSIES IN SCIENCE. LEVENAGING THE SCIENCE FIDAY ADIO PROGRAM, THE ORGANIZATION AIMS TO MAKE SCIENCE MORE ACCESSIBLE, FUN 2 Did the organization undertake any significant program services during the year which were not listed on the phor form 900 e800-627 17 'Wea, 'describe these new services on Schedule 0. 17 'Wea, 'describe these new services on Schedule 0. 17 'Wea, 'describe these new services on Schedule 0. 18 'Wea, 'describe these changes on Schedule 0. 19 'Wea, 'describe these changes on Schedule 0. 19 'Wea, 'describe these changes on Schedule 0. 19 'Wea, 'describe these changes on Schedule 0. 10 'Wea, 'describe these schedule 0. 10 'Wea, 'describe these schedule 0. 11 'Wea, 'describe these schedule 0. 11 'Wea, 'describe these schedule 0. 12 SCIENCE PRIDAY WERKLY RADIO BROADCAST FOR OVER 30 YEARS, AND HOSTED BY AWARD-WINNING PRODUCER IRA FLATOW, THE RADIO FROGRAM IS AT THE CORE OF SCIENCE FRIDAY AND INCLUDES 52 TWO-HOUR ROADCAST (VERSIONED TO GENERATE 10.4+ POOLCAST FEISODES) ANNUALY. THE RADIO SHOW HAS PROVIDED OUR LISTENERS WITH WEEKLY OPPORTUNITIES TO PARTICIPATE IN ENLIGHTENED DISCUSSIONS OF CONTEMPORARY ISSUES IN SCIENCE AND TECHNOLOGY RESEARCH, POLICY, AND NEWS. THE PROGRAM'S UNIQUE FORMAT AND ADDIECE OUTREACH HAS PROVEN POPULAR FOR FIRST-HAND INTERACTION BETWEEN LISTENERS AND SCIENTISTS. 40 (come ) (bogenes 302,503. mecorgane ast SCIENCE FRIDAY DIGITAL CONTENT AND WEBSITE SCIENCE FRIDAY S DIGITAL PLATFORMS PUBLISH ORIGINAL REPORTING, NEMESIETTERS A</li></ul>	Briefy describe the operations in maion:           THE MISSION OF THE ORGANIZATION IS TO PROVIDE A PUBLIC PLATFORM FOR DISCUSSION AND UNDERSTANDING OF THE LATEST DISCOVERIES, INNOVATIONS AND CONTROVERSIES IN SCIENCE. LEVERAGUING THE SCIENCE FIDAY RADIO PROGRAM, THE ORGANIZATION AIMS TO MAKE SCIENCE MORE ACCESSIBLE, FUN           Did the organization underske any significant program services during the year which were not listed on the proform 500 406.27         IVes [X] N           The organization inductive, or make significant changes in how it conducts, any program services, an emasured by expenses. Section 501(6)(3) and 501(6) organizations are required to report the amount of grants and allocations to others, the total expenses, and resenue, if may, it each program services complainments for each of its three largest program services, and meaning by expenses. Section 501(6)(3) and 501(6) organizations are required to report the amount of grants and allocations to others, the total expenses, and resenue, if may, its each program services are required to report the amount of grants and allocations to others, the total expenses, and resenue, if may, its each program services complainments for each of at these largest program services. And resenue, if may, its each program services complaintenes for the ALA POCAST           FOR OVER 30 YEARS, AND HOSTED BY AMARD-WINNING PRODUCER IRA PLATOW, THE RADIO PROGRAM IS AT THE CORE OF SCIENCE FIIDAY AND INCLUDES 52 LWO-HOUR REDOACCASTS (VERSIONED TO GENERATE 1044 - POCAST EPISODES) ANNUALLY. THE RADIO SHOW HAS PROVIDED OUR LISTENERS WITH WEEKLY OPPORTUNITIES TO PARTICIPATE IN ENLIGHTENED DISCUSSIONS OF CONTEMPORARY ISSUES IN SCIENCE FRIDAY DIGITAL CONTERLY AND NEBSITE           b         (more science) 102,0000 FASELERAND ACCENTISTS.           cinterest structure and weets		t III Statement of Program Service Accomplishments
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revenue, if any, for each program service reported       512,999.       562,978.         4a       (Come	<pre>revenue.if any, for each program service reported</pre>	4	
4a       (cate       ) (Revenues       562,978.         SCIENCE FRIDAY       WEEKLY RADIO BROADCAST       ) (Revenues       562,978.         FOR OVER 30 YEARS, AND HOSTED BY AWARD-WINNING PRODUCER IRA FLATOW, THE RADIO PROGRAM IS AT THE CORE OF SCIENCE FRIDAY AND INCLUDES 52 TWO-HOUR BROADCASTS (VERSIONED TO GENERATE 104+ PODCAST EPISODES) ANNUALLY. THE RADIO SHOW HAS PROVIDED OUR LISTENERS WITH WEEKLY OPPORTUNITIES TO PARTICIPATE IN ENLIGHTENED DISCUSSIONS OF CONTEMPORARY ISSUES IN SCIENCE AND TECHNOLOGY RESEARCH, POLICY, AND NEWS, THE PROGRAM'S UNIQUE FORMAT AND ADDIENCE OUTREACH HAS PROVEN POPULAR FOR FIRST-HAND INTERACTION BETWEEN LISTENERS AND SCIENTISTS.         4b       (cate       ) (Revenues       302,503.       metuding guide of s       ) (Revenues       2,283.         SCIENCE FRIDAY IS DIGITAL CONTENT AND WEBSITE       SCIENCE FRIDAY CONTENT AND WEBSITE       2,283.         SCIENCE FRIDAY S DIGITAL PLATFORMS PUBLISH ORIGINAL REPORTING, NEWSLETTERS AND DISPATCHES, BOCK EXCERPTS, AS WELL AS MULTIMEDIA ADDITIONS TO RADIO SEGMENTS. OUR WEBSITE, SCIENCEFRIDAY.COM, IS THE PUBLIC'S ONE STOP-SHOP FOR EVERYTHING THAT SCIENCE FRIDAY CREATES, INCLUDING ORIGINAL LONGFORM REPORTING THAT SCIENCE FRIDAY CREATES, INCLUDING ORIGINAL LONGFORM REPORTING THAT SCIENCE FRIDAY.COM, IS THE PUBLIC'S ONE STOP-SHOP FOR EVERYTHING THAT SCIENCE FRIDAY.COM, IS THE PUBLIC'S ONE STOP-SHOP FOR EVERYTHING THAT SCIENCE FRIDAY.COM, IS THE PUBLIC NADIO ONTREACH WORK CREATES EDUCATIONAL PROGRAMMING, OC OVER A MILLION COMBINED FOLLOWERS ON FACEBOOK, INSTAGRAM, TWITTER AND TIKTOK.         4c       (cdet) (Revenues	<pre> a (code) (Rememes 512,909. Nothing green of) (Newward) (Newward</pre>		
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 Form 990 (2022)
 SCIENCE FRIDAY INITIATIVE, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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	Х	
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		77	
	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a	<u> </u>	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		- 77
Ø	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	116		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
13		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
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? <i>If</i> "Yes."			
		19		х
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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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		165	
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		- 23
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u>.</u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	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 <b>1a 0</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b 0</b>			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
00000	(gambling) winnings to prize winners?	Eorm	990	l (2022)
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Form	990 (2022) SCIENCE FRIDAY INITIATIVE, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	13-4252	173	P	age <b>5</b>
				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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
			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	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 A		_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th		60		x
h	any contributions that were not tax deductible as charitable contributions?	ana ar aifta	<u>6a</u>		
b		-	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		х
		vices provided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-15		
Ŭ	to file Form 8282?		7c		х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	· · · ·	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		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?	•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	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		
	<b>Note:</b> 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			
	Enter the amount of reserves on hand	13c			v
			14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		x
	excess parachute payment(s) during the year?		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	income?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.		10		~ ~
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.				
232005	12-13-22		Form	990	(2022)
	_				. /

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SCIENCE FRIDAY INITIATIVE, INC.

13-4252173 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.

Check if Schedule O contains a response or note to any line in this Part VI	 				X
Section A. Governing Body and Management					
			Ye	s	No
de l'Este de la complete de la complete de la faite de la complete de la complete de la complete de la complete	 4-	11			

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	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	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with an	y other			
	officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct s	supervision			
	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 99	90 was <sup>-</sup>	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point or	ie or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the f	ollowing:			
а	The governing body?			8a	Х	
b	b Each committee with authority to act on behalf of the governing body?				Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-					
			-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, a	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	<b>1a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confli	cts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," des	cribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by inde	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>
b	Other officers or key employees of the organization			15b		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 arrangem	nent with	па			
	taxable entity during the year?					X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's	;			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u> , CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T	(section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain					

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

6

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	DANIELLE DANA JOHNSON - 212-840-2244

30	BROAD	STREET,	SUITE	801,	NEW	YORK,	NY	10004-2922

Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Comp	ensated
	Employees, and Independe	ent Contractors			

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

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

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

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	(do not check m box, unless pers officer and a dir			rson is	than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DANIELLE DANA JOHNSON	45.00								0	
EXECUTIVE DIRECTOR (2) IRA FLATOW	3.00			X				0.	0.	0.
PRESIDENT	5.00	x		x				0.	0.	0.
(3) JORGE LEIS	1.00	Δ						0.	0.	0.
TREASURER	1.00	x		x				0.	0.	0.
(4) MARY SMART	1.00									
SECRETARY		х		x				0.	0.	0.
(5) JAMES GENTILE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JULIE LANASA	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CHRIS LEE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MEERA RAJA	1.00									
DIRECTOR	1 0 0	Х						0.	0.	0.
(9) JENNIFER ROLLINS DIRECTOR	1.00	x						0.	0.	0
(10) CAMILLA SMITH	1.00	Δ	-		$\vdash$			U •	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(11) DAVE VERNIER	1.00							<b>Ŭ</b> .		
DIRECTOR		х						0.	0.	0.
(12) THEA TRUE WELLS	1.00									
DIRECTOR		Х						0.	0.	0.
	_									
										Earm <b>990</b> (2022)

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Form 990 (2022)

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Par	Part VII         Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees         (C)         (D)         (E)         (F)													
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list any	box, offic	not cl unles	Posi heck r ss per	nore son is	than o s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	ion a ed		(F) Estimated amount of other compensation	
		(list any hours for related organizations     1000 bolow     1000 bolow     1000 bolow     1000 bolow     1000 bolow     10000 bolow     1000									from the organization and related organizations			
											_			
	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0.		0.0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization							o re		000 of reportable				0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	-		•	•	-		Ŭ	• •			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	ccrue compen	satio	, on fr	oma	any	unre	late	ed organization or individ	dual for services		5		X
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor	npensated ind	eper	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	pensat	ion froi	n	
	the organization. Report compensation for t (A)					ith c	or wit	hin:	(B)			(C)		
	Name and business address     NONE     Description of services								C	ompen	satior	1		
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	to t	thos C		ted	above) who received mo	ore than		_		

Form				IDA	Y INITIA	FIVE, INC.		13-4252	173 Page 9
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a resp	onse	or note to any lin	2.4.5	(P)	(0)	
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns1aMembership dues1b						
ы С			Membership dues       1b         Fundraising events       1c						
ſfts,			Related organizations 10						
nila			Government grants (contributions)						
Sir			All other contributions, gifts, grants, and						
buti			similar amounts not included above <b>1f</b>	1,	353,538.				
ntril d O		g	Noncash contributions included in lines 1a-1f		15,492.				
ano		h	Total. Add lines 1a-1f			1,353,538.			
					Business Code				
e	2	а	PROGRAMMING		516100	565,261.	565,261.		
e vi		b							
n Se		С							
Jev		d							
Program Service Revenue		е							
<u>с</u>			All other program service revenue			565,261.			
	3	g	Total. Add lines 2a-2f Investment income (including dividends			505,201.			
	3					31,439.			31,439.
	4		other similar amounts) Income from investment of tax-exempt k			51,455.			51,455
	5		Royalties	•					
	-		(i) Re		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		с	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Secu		(ii) Other				
			assets other than inventory <b>7a 161</b> , <b>4</b>	58.	3,500.				
		b	Less: cost or other basis	~ .	0.54				
onu			and sales expenses		951.				
evenue				66.	2,549.	2 4 9 2			2 4 9 2
Ě			Net gain or (loss)	·····	T	2,483.			2,483.
Other	8	а	Gross income from fundraising events (not including \$ of						
0			including \$ of contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses						
			Net income or (loss) from fundraising ev						
	9		Gross income from gaming activities. Se						
			Part IV, line 19	. 9a					
			Less: direct expenses	. 9b					
		С	Net income or (loss) from gaming activit	es					
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales of invent	ory	Business Code				
sn	44	~			Dusiness Code				
oer ue	11	a b							
scellaneo <u>Revenue</u>		и С							
Miscellaneous Revenue			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			1,952,721.	565,261.	0.	33,922.
23200	9 12-	13-							Form <b>990</b> (2022

SCIENCE FRIDAY INITIATIVE, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t			2
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
	arants and other assistance to domestic organizations				
а	nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	76 000	46 105	7 600	22 000
	rustees, and key employees	76,992.	46,195.	7,699.	23,098
	Compensation not included above to disqualified				
	ersons (as defined under section $4958(f)(1)$ ) and				
	ersons described in section 4958(c)(3)(B)	667,142.	512,779.	44,190.	110,173
	Other salaries and wages	007,142.	JI4,113.	44,170.	, _/,
	Pension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	62,721.	46,674.	5,309.	10 739
	Other employee benefits	74,760.	55,493.	6,344.	10,738
		/4,/00.	55,495.	0,544.	14,94.
	ees for services (nonemployees):				
	Aanagement	50,986.		50,986.	
		2,500.		2,500.	
		2,500.		2,500.	
	Professional fundraising services. See Part IV, line 17	7,815.		7,815.	
	nvestment management fees	7,013.		7,015.	
-	Other. (If line 11g amount exceeds 10% of line 25,	143,558.	113,394.	30,115.	10
	olumn (A), amount, list line 11g expenses on Sch 0.)	13,314.	10,381.	2,816.	49
		25,887.	11,086.	5,391.	9,410
	Office expenses	44,279.	30,037.	11,416.	2,826
	nformation technology	11,210.	50,057.		2,020
		140,667.	108,103.	16,112.	16,452
	Decupancy	10,493.	6,900.	3,593.	10,452
-	Payments of travel or entertainment expenses	10,193.	0,500.	5,555.	
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	1,403.	1,403.		
	nterest	_,103.			
	Payments to affiliates				
	Depreciation, depletion, and amortization	25,281.	20,860.	3,182.	1,239
	nsurance	2,842.	2,135.	198.	509
- 1 0	Other expenses. Itemize expenses not covered	_,			
a li	bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	BROADCASTING EXPENSES	47,164.	46,814.	350.	
	AISCELLANEOUS EXPENSES	8,196.	2,566.	1,878.	3,752
c		, - , -	,	,	-,
d –					
_	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,406,000.	1,014,820.	199,894.	191,286
	oint costs. Complete this line only if the organization				,
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

10

232010 12-13-22

Form **990** (2022)

15590525 756359 1219564.000

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13-4252173 Page 11

		Check if Schedule O contains a response or note to any	/ line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		822,748.	1	660,619.
	2	Savings and temporary cash investments		2,125,788.	2	1,415,007.
	3	Pledges and grants receivable, net	185,342.	3	834,608.	
	4	Accounts receivable, net		343,802.	4	698,431.
	5	Loans and other receivables from any current or former	officer, director,			
		trustee, key employee, creator or founder, substantial c	ontributor, or 35%			
		controlled entity or family member of any of these perso	ons		5	
	6	Loans and other receivables from other disqualified per	sons (as defined			
		under section 4958(f)(1)), and persons described in sect			6	
ţs	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		14,805.	9	18,991.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	382,343.			
	b	Less: accumulated depreciation 10b	264,657.	136,418.	10c	117,686.
	11	Investments - publicly traded securities		2,714,241.	11	2,459,788.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets		750,000.	14	742,500.
	15	Other assets. See Part IV, line 11		0.	15	1,339,612.
	16	Total assets. Add lines 1 through 15 (must equal line 3		7,093,144.	16	8,287,242.
	17	Accounts payable and accrued expenses		169,558.	17	145,643.
	18	Grants payable		4 6 5 5 6 6	18	100.000
	19	Deferred revenue		165,500.	19	100,000.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of			21	
es	22	Loans and other payables to any current or former offic				
Ē		trustee, key employee, creator or founder, substantial c		==0.000		650.000
Liabilities		controlled entity or family member of any of these perso		750,000.	22	650,000.
	23	Secured mortgages and notes payable to unrelated thir			23	
	24	Unsecured notes and loans payable to unrelated third p			24	
	25	Other liabilities (including federal income tax, payables t				
		parties, and other liabilities not included on lines 17-24).				
		of Schedule D		97,952. 1,183,010.	25	<u>1,442,582</u> . 2,338,225.
	26	Total liabilities. Add lines 17 through 25	77	1,183,010.	26	4,338,225.
s		Organizations that follow FASB ASC 958, check here	e X			
JCe		and complete lines 27, 28, 32, and 33.			E 110 001	
alar	27	Net assets without donor restrictions	<u>5,594,488.</u> 315,646.	27	<u>5,119,894</u> 829,123.	
ğ	28	Net assets with donor restrictions	515,040.	28	029,123.	
ň		Organizations that do not follow FASB ASC 958, che				
οr		and complete lines 29 through 33.				
its (	29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or equipmer			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, o		5,910,134.	31	5,949,017.
ž	32	Total net assets or fund balances		7,093,144.	32	8,287,242.
	33	Total liabilities and net assets/fund balances		1,033,144.	33	<u> </u>

Form 990 (2022)

	<u>1990 (2022)</u> SCIENCE FRIDAY INITIATIVE, INC.	13-42	252173	Pag	<sub>ge</sub> 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>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,95		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,40		
3	Revenue less expenses. Subtract line 2 from line 1	3		6,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,91		
5	Net unrealized gains (losses) on investments	5	-50'	7,8:	38.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,94	9,0	<u>17.</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>		X
				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	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?		<b>2</b> b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	<u> </u>
	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				
	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 requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

I.

#### Name of the organization

Name of the organization Employer identification number									
De	41	SCIE	NCE FRIDAY	INITIATIVE,	INC.				3-4252173
Pa	τι	Reason for Public (	Sharity Status.	All organizations must c	omplete th	nis part.) Se	ee instruction	S.	
	organ	ization is not a private found	-		-	-			
1		A church, convention of ch				n 170(b)(1	)(A)(i).		
2		A school described in section							
3		A hospital or a cooperative					-		
4		A medical research organize	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
_		city, and state:						- 11 - 1	
5		An organization operated for		lege or university owned	or operat	ed by a go	vernmental u	nit describe	a in
•		section 170(b)(1)(A)(iv). (C		and a low the data set the set for					
6	X	A federal, state, or local gov	-						
7	Δ	An organization that norma	-	itial part of its support fi	rom a gove	ernmental l	unit or from tr	ie general p	Dudiic described in
8		section 170(b)(1)(A)(vi). (Complete Part II.) 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							
5		or university or a non-land-g				-		-	-
		university:	frank bonogo or agrio.			lamo, orty,		the conege	
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s. membersh	ip fees, and	d aross receipts from
		activities related to its exem		••				•	•
		income and unrelated busir							-
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> d	r section	509(a)(2). S	See <b>section</b>	509(a)(3). (	Check the box on
		_lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), t	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting
		organization. You must c	complete Part IV, Se	ctions A and B.					
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ns that cor	ntrol or manag	ge the supp	ported
		organization(s). You mus	-						
с		☐ Type III functionally inte						ly integrate	d with,
		its supported organization	.,.,,	-					
d		J Type III non-functionally	•					° °	
		that is not functionally int			•	-		anallenin	eness
•		requirement (see instructi	-	-					
е		Check this box if the orga functionally integrated, or					турет, туре	п, туре п	
f	Ente	er the number of supported of		any integrated support	0 0	ation.			
a		vide the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount or	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	1								
TOLD									

SCIENCE FRIDAY INITIATIVE, INC.

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			• • • • - · •			
	include any "unusual grants.")	1323043.	2644027.	2500518.	1984394.	1353538.	9805520.
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	1222042	0644007	2500510	1004204	1252520	0005500
	Total. Add lines 1 through 3	1323043.	2644027.	2500518.	1984394.	1353538.	9805520.
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)						4101822.
~							5703698.
	Public support. Subtract line 5 from line 4.						5105050.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1323043.	2644027.	2500518.	1984394.	1353538.	9805520.
8	Gross income from interest.	10200100	201102/0	23003100	19019910	1000000	50055200
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	81,366.	80,914.	73,893.	119,757.	31,439.	387,369.
9	Net income from unrelated business			,			
Ū	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.)	5,732.	1,933.				7,665.
11	Total support. Add lines 7 through 10						<u>7,665.</u> 10200554.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 5	,054,247.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	<u>55.92 %</u>
	Public support percentage from 2021					15	<u>60.59 %</u>
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and <b>stop here.</b> The organization qual		•••				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				•	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		-		• •		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

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Schedule A					INITIATIV	-/
Part III	Support	: Schedule for	or Organizatio	ons Descri	bed in Section	509(a)(2)

SCIENCE FRIDAY INITIATIVE, INC.

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

Sec	Suon A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (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						
b	3 received from disqualified persons 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.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3) orgai	nization,
Sec	check this box and stop here						<u></u>
	Public support percentage for 2022 (			column (f))		15	%
16	Public support percentage from 2021	1 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income					
	Investment income percentage for 2					17	%
	Investment income percentage from						%
19a	33 1/3% support tests - 2022. If the						line 17 is not
	more than 33 1/3%, check this box a	-	-				
b	33 1/3% support tests - 2021. If the	-					
	line 18 is not more than 33 1/3%, che			-		-	ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19;	a, or 19b, check tl	his box and see ins		
23202	23 12-09-22		15			Schee	dule A (Form 990) 2022

SCIENCE FRIDAY INITIATIVE, INC.

Yes No

#### Part IV Supporting Organizations

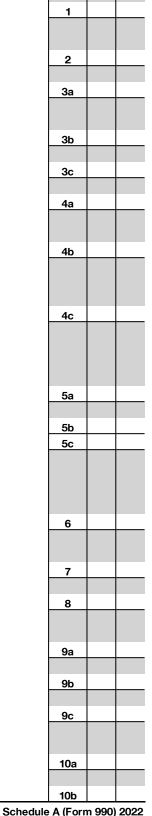
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

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232024 12-09-22



# Schedule A (Form 990) 2022 SCIENCE FRIDAY INITIATIVE, INC.

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described 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		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 110	:	
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> 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		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

### Section D. All Type III Supporting Organizations

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

nstructions	S).
15	truction

- 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.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	supported a governmental entity (see instructions).
------------	--	---	---	---

17

- 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 
 Yes
 No

 2a

 2a

 2b

 3a

 3b

Schedule A (Form 990) 2022

15590525 756359 1219564.000

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		

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

Schedule A (Form 990) 2022

232026 12-09-22

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# Schedule A (Form 990) 2022 SCIENCE FRIDAY INITIATIVE, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

15590525 756359 1219564.000

Schedule A (Form 990) 2022

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

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

Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

2

3

4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - pro	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	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(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				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	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.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				
				Sc	hedule A (Form 990) 2022

SCIENCE FRIDAY INITIATIVE, INC.

13-4252173 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1

2

3

**Current Year** 

; Part IV, Sec ion D, lines 5 instructions.)	ction D, lines 2 , 6, and 8; and	3c, 4b, 4c, 5a, 6 and 3; Part IV, S Part V, Section I	ection E, lines 1	a, 11b, and 11c	; Part IV, Sec	tion B, lines 1	and 2; Part IV, S	section C,
A, PARI			, lines 2, 5, and	6. Also comple	nd 3b; Part V ete this part fo	, line 1; Part \	/, Section B, line nal information.	1e; Part V,
	TI, LI	NE 10, E	XPLANATI	ON FOR (	OTHER I	NCOME :		
ME								
NT: \$	5,732.							
NT: \$	1,933.							
SHORT Y	ZEAR EXP	LANATION	:					
IZATION	I'S CURR	ENT YEAR	IS A SH	ORT YEAF	۲.			
			21	)			Schedule A (	Form 990) 202:
		NT: \$ 1,933.	NT: \$ 1,933. SHORT YEAR EXPLANATION	NT: \$ 1,933. SHORT YEAR EXPLANATION: IZATION'S CURRENT YEAR IS A SH	NT: \$ 1,933. SHORT YEAR EXPLANATION: IZATION'S CURRENT YEAR IS A SHORT YEAR 	NT: \$ 1,933. SHORT YEAR EXPLANATION: IZATION'S CURRENT YEAR IS A SHORT YEAR.	NT: \$ 1,933. SHORT YEAR EXPLANATION: IZATION'S CURRENT YEAR IS A SHORT YEAR. 	NT: \$ 1,933. SHORT YEAR EXPLANATION: IZATION'S CURRENT YEAR IS A SHORT YEAR.

#### 223451 11-15-22

### Schedule B

#### (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY

## Schedule of Contributors

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

2022

Employer identification number

	SCIENCE FRIDAY INITIATIVE, INC.	13-4252173
Organization type (chee	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

#### General Rule

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

#### Special Rules

X 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 \_\_\_\_\_\_\$

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)



OMB No. 1545-0047

Schedule B (Form 990) (2022)

SCIENCE FRIDAY INITIATIVE, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 750,686. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 300,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

15590525 756359 1219564.000

Page **2** 

Employer identification number

13-4252173

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
		\$	
223453 11-15-22			Schedule B (Form 990) (2022)

23

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

SCIENCE FRIDAY INITIATIVE, INC.

Schedule B (Form 990) (2022)

Part II

(a)

Employer identification number

13-4252173

(c)

Schedule B (Form 990) (2022)

#### 15590525 756359 1219564.000

Schedule I	B (Form 990) (2022)		Page <b>4</b>			
Name of o	organization		Employer identification number			
SCIEN	CE FRIDAY INITIATIVE, IN	NC.	13-4252173			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in se through (e) and the following line ent charitable, etc., contributions of <b>\$1,000 or</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	- <u></u>	(a) Transfer of sid				
	Transferee's name, address, a	(e) Transfer of gif	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 gif	[			
	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 gif				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
223454 11-15	5-22		Schedule B (Form 990) (2022)			

<sup>24</sup> 2022.03050 SCIENCE FRIDAY INITIATIVE 12195641

SCHEDULE D
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(Form 9	90)
---------	-----

Departm

b

a Revenue included on Form 990, Part VIII, line 1

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

Assets included in Form 990, Part X

# **Supplemental Financial Statements**



			nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b	).			
Department of the Treasury A			ttach to Form 990.	Open to Public			
nternal Revenue Service Go to www.irs.gov/Form990			0 for instructions and the latest informat				
Namo	e of the organization	SCIENCE FRIDAY INI	TATIVE INC.		ployer identification number $13 - 4252173$		
Par	t I Organiza		d Funds or Other Similar Funds of	or Accou			
		n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	<b>(b)</b> Fu	nds and other accounts		
1	Total number at er	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5			writing that the assets held in donor advise	d funds			
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only			
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring			
-	impermissible priv						
Par			ganization answered "Yes" on Form 990, P	art IV, line 7	7.		
1		servation easements held by the organization	· · · · ·				
		of land for public use (for example, recrea	<i>'</i>		y important land area		
		f natural habitat	Preservation of a	a certified h	istoric structure		
-		of open space					
2	day of the tax year		ied conservation contribution in the form o	t a conserv	Held at the End of the Tax Year		
_				20			
a b							
b c	•		ucture included in (a)	·····			
		vation easements included in (c) acquired a					
ŭ		., .		2d			
3			eased, extinguished, or terminated by the c	·····	during the tax		
	year			- <b>3</b>	· · · · · · · · · · · · · · · · · · ·		
4		where property subject to conservation easies	ement is located				
5	Does the organization	tion have a written policy regarding the per	iodic monitoring, inspection, 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, and enforcing conse	rvation eas	ements during the year		
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easemei	nts during the year		
8			e satisfy the requirements of section 170(h)				
-	and section 170(h)						
9	,	<b>v</b>	on easements in its revenue and expense s				
			ote to the organization's financial statemer	its that des	scribes the		
Par		ounting for conservation easements. Ations Maintaining Collections of	Art, Historical Treasures, or Oth	er Simila	ar Assets.		
		the organization answered "Yes" on Form					
1a			8, not to report in its revenue statement an	d balance s	sheet works		
	-		lic exhibition, education, or research in fur				
			icial statements that describes these items				
b			8, to report in its revenue statement and ba		t works of		
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furthe	erance of pu	ublic service,		
	provide the followi	ng amounts relating to these items:					
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$		
	(ii) Assets include	ed in Form 990, Part X			\$		
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial g	gain, provic	le		
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:				

Schedule D (Form 990) 2022

\$

\$

Sche		FRIDAY IN						13-42			age <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Historic	al Tre	asures, or	Othe	r Simila	r Assets	contin	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any	of the f	ollowing that	make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🛄 Loan	or excl	nange progra	m					
b	Scholarly research	e	0the	r							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how they fu	rther th	e organizatio	n's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of					r similar	assets		_		_
	to be sold to raise funds rather than to be m						<u></u>		Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orga	anizatio	n answered "	Yes" or	Form 990	D, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:								
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance										<b></b>
	Did the organization include an amount on F						• • • • • • •	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete										
		(a) Current year	(b) Prior		(c) Two year			vears back	(e) Fou	vears	hack
10	Beginning of year balance	(u) ourrone your		Joan	(0) 1110 your	o buon	(4) 11100	youro buon	(0) ! 00	youro	buon
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
C	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 1a. col	umn (a)	) held as:						
a	Board designated or quasi-endowment		%	u (u)							
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.									
3a	Are there endowment funds not in the posse		tion that are	held an	d administere	ed for th	ne				
	organization by:	C C								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Sched	ule R?					3b		
4	Describe in Part XIII the intended uses of the		wment funds								
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV, line	11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr	•	<b>b)</b> Cost basis (	or other (other)	• •	ccumulat preciation		( <b>d)</b> Boo	k valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment			38	2,343.		264,6	57.	11	7,6	86.
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. column (B</u>	), line 10	)c.)					7,6	
								Cabadula		- 000	0000

Schedule D (Form 990) 2022

232052 09-01-22

Part VII Investments - Other Securities.		11b Cas Farm 000 Bart V line 10	
Complete if the organization answered "Yes"	(b) Book value	(c) Method of valuation: Cost or end	of year market value
(a) Description of security or category (including name of security)	(b) BOOK Value	(c) Method of Valuation. Cost of end	or-year market value
<ul><li>(1) Financial derivatives</li><li>(2) Classic hold equity interacts</li></ul>			
<ul><li>(2) Closely held equity interests</li><li>(3) Other</li></ul>			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
<u>(1)</u>			
<u>(2)</u>			
(3)			
(4)(5)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) RIGHT OF USE ASSET			1,339,612.
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		1,339,612.
Part X Other Liabilities.	on Form 000 Port IV line	11e or 11f See Form 000 Port V line 05	
Complete if the organization answered "Yes" (a) Description of liability	on ronn 990, Fart IV, Ilne		(b) Book value
<u>n</u> (, , , ,			(b) BOOK Value
(1) Federal income taxes (2) LEASE LIABILITY			1,442,582.
(3)			1,442,302.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 25.)		1,442,582.
2. Liability for uncertain tax positions. In Part XIII, provide	,		at reports the
organization's liability for uncertain tax positions unde			

SCIENCE FRIDAY INITIATIVE, INC.

Schedule D (Form 990) 2022

13-4252173 Page **3** 

232053 09-01-22

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 SCIENCE FRIDAY INITIATIVE,			42321/3 Page 4				
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements			1	1,437,068.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	-507,838.					
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d			2e	-507,838.			
3	Subtract line 2e from line 1			3	1,944,906.			
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	7,815.					
b	Other (Describe in Part XIII.)	4b						
с	Add lines <b>4a</b> and <b>4b</b>	4c	7,815.					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	1,952,721.					
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	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	1,398,185.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments							
с	Other losses	2c						
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d			2e	0.			
3	Subtract line 2e from line 1			3	1,398,185.			
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	7,815.					
b								
с	Add lines 4a and 4b			4c	7,815.			
5			<u></u>	5	1,406,000.			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	1,406,000.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF

THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS

DETERMINED THAT THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT WOULD

REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE

#### ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING

JURISDICTIONS FOR PERIODS PRIOR TO 2019.

232054 09-01-22

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	17	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	Ē	2022			
•	-	Compensated Employees		ZU	22		
Deres		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public			
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nam	e of the organization		Employer i	dentificatio	on nur	nber	
		SCIENCE FRIDAY INITIATIVE, INC.	13-4	25217	3		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	Did the organization	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			
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.					
	Compensatior	n committee Written employment contract					
	Independent of	compensation consultant Compensation survey or study					
	Form 990 of o	ther organizations $oxed{X}$ Approval by the board or compensation c	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	lated organization:					
а	Receive a severance	e payment or change-of-control payment?		<b>4</b> a		X	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		<b>4b</b>		X	
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
		)(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 compensation	n				
	contingent on the r						
						X	
b		ation?		<b>5</b> b		X	
		or 5b, describe in Part III.					
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r						
						X	
b		ation?		<b>6b</b>		X	
		or 6b, describe in Part III.					
7		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				
				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	1 990)	2022	

232111 10-18-22

Page 2

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

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

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

	(B) Breakdown of V	V-2 and/or 1099-MIS 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
(i	)						
(ii							
(i							
(ii							
(i							
(ii							
(i							
(ii							
(i	)						
(ii							
(i	)						
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(i							
(ii	)						
(i							
(ii	)						
(i	)						
(ii	)						

#### Part III Supplemental Information

Schedule J (Form 990) 2022

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.

Schedule J (Form 990) 2022

SCHEDULE L	I		Tra	insaction	is W	/ith	Inte	ereste	d F	Persons			OM	IB No. 1	545-00	47
(Form 990)	Com	nplete if t	he or	-						line 25a, 25b, 26,	27, 2	8a,		21	12	2
				28b, or 28c, o Attacl				art V, line 3 Form 990-E		r 40b.			Or			
Department of the Treasury Internal Revenue Service		Go	to ww	/w.irs.gov/Form						t information.				specti		10
Name of the organization													identi		on nu	mber
Part I Excess I				RIDAY IN					4	501(-)(00)			5217	73		
										on 501(c)(29) orgai or Form 990-EZ, Pa						
1				Relationship betv									ю. 	(d)	Corre	cted?
(a) Name of disqual	ified pe	rson	. ,	person and or					(c)	Description of tran	sactic	n		Ye		No
														_	-+	
														_	_	
														-		
2 Enter the amount o		-		-	-							¢				
section 4958 3 Enter the amount o												<b>^</b>				
				·	-							•				
				erested Pers												
-		-					, Part \	/, line 38a o	r For	rm 990, Part IV, line	e 26; (	or if th	e orgar	nizatio	n	
(a) Name of		(b) Relatio		, Part X, line 5, 6 (c) Purpose	(d) Loa	an to or	(e	) Original	Т	(f) Balance due	(a	) In	<b>(h)</b> App		(i) W	/ritten
interested person		with organ		of loan	from organiz			ipal amoun		(1)		, ault?	by boa		agree	ment?
						From			_	(50.000	Yes	No	Yes	No	Yes	No
SCIENCE FRID	<u>ΑΥ,</u> μ	LRA F	LAT	TRADEMAR	X		7	50,000	•	650,000.		X	X		Х	
									-							
									+				$\left  \right $			
									+							
																<u> </u>
Total Part III Grants o	r Acc	ietanoa	Bor	nefiting Intere	actor	Dor	6020		\$	650,000.						
				vered "Yes" on F												
(a) Name of intere		•		(b) Relationship				c) Amount c	of	(d) Type	of		(e)	Purpo	ose o	f
				interested pers	on and			assistance		assistan	се		a	issista	nce	
			_	the organiza	ation							$\rightarrow$				
												$\rightarrow$				
			+													
			+									-+				
			+													
LHA For Paperwork R	eductio	on Act No	otice,	see the Instruct	tions f	or For	m 990	or 990-EZ	-			Sche	dule L	(Forn	n 990	) 2022

#### SEE PART V FOR CONTINUATIONS

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13-4252173	Page <b>2</b>
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	SCIENCE	FRIDAY	INITIATIVE,	INC
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Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's jues?
				Yes	No
					<b></b>
					<b></b>
					<b></b>
					<b> </b>

Part V Supplemental Information.

Schedule L (Form 990) 2022

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: SCIENCE FRIDAY, INC.

(B) RELATIONSHIP WITH ORGANIZATION: IRA FLATOW, PRESIDENT, IS THE SOLE

SHAREHOLDER OF SCIENCE FRIDAY, INC.

(C) PURPOSE OF LOAN: TRADEMARK PURCHASE AGREEMENT

Schedule L (Form 990) 2022

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SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

13-4252173

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

#### SCIENCE FRIDAY INITIATIVE, INC.

Par	rt I   Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	15,492.	SP ON DATE	OF D	ONA	<b>Δ</b> ΤΙ
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ( )							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
						<u> </u>	/es	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of the		ntribution, and whi	ch isn't required to be used	or			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance pe				ions?	31		Х
32a	Does the organization hire or use third parties o	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a	_	<u> </u>

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

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b If "Yes," describe in Part II.

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2022

<u>13-4252173</u>

Page 2

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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.



SCIENCE FRIDAY INITIATIVE, INC.

Employer identification number 13-4252173

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ITS WEBSITE, RADIO PROGRAM, VIDEO AND EDUCATIONAL OUTREACH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND INTERACTIVE FOR YOUNG PEOPLE, USING NEW MEDIA TECHNOLOGIES AND LIVE

EVENTS.

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

LIVE DISCUSSIONS AROUND THE COUNTRY. SCIENCE FRIDAY'S RESEARCH

INITIATIVES INCLUDE PROJECTS EVALUATING THE INFLUENCE OF MEDIA ON

LEARNING AND ENGAGEMENT, EQUITY AND REPRESENTATION IN MEDIA, AND STEM

INFORMAL LEARNING.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING

FIRM. NO REVIEW OF THE 990 WILL BE CONDUCTED BEFORE THE RETUNR IS FILED

WITH THE INTERNAL REVENUE SERVICE.

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

THE PROCEDURES FOR CONFLICT OF INTEREST ARE THE FOLLOWING:

DUTY TO DISCLOSE:

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN

INTERESTED PERSON (ANY DIRECTOR, OFFICER, MEMBER OF A COMMITTEE WITH

BOARD-DELEGATED POWERS, SENIOR EMPLOYEE, FOUNDER, MAJOR DONOR OR OTHER

 PERSON WHO IS IN A POSITION OF CONTROL OVER THE ORGANIZATION AND WHO HAS A

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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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Name of the organization SCIENCE FRIDAY INITIATIVE, INC.	Employer identification number 13-4252173
DIRECT OR INDIRECT FINANCIAL INTEREST) MUST DISCLOSE THE E	XISTENCE OF HIS
OR HER FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE DI	RECTORS AND
MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDER	ING THE PROPOSED

DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS:

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD MEETING BEFORE THE BOARD MEMBERS DISCUSS THE POTENTIAL CONFLICT OF INTEREST AND DECIDE IF AN ACTUAL CONFLICT OF INTEREST EXISTS.

PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST:

AN INTERESTED PERSON MAY MAKE A PRESENTATION AND SHALL RESPOND TO QUESTIONS AT THE BOARD MEETING CALLED FOR THE PURPOSE OF CONSIDERING A POSSIBLE CONFLICT OF INTEREST WITH RESPECT TO SUCH INTERESTED PERSON. THE PERSON SHALL ALSO DISCLOSE, EITHER AS PART OF THE PRESENTATION OR PRIOR TO THE MEETING, ANY KNOWN SIGNIFICANT REASON OR REASONS WHY THE TRANSACTION OR ARRANGEMENT MIGHT NOT BE IN THE BEST INTEREST OF THE ORGANIZATION.

AFTER THE PRESENTATION AND ANY SUCH RESPONSES, HE OR SHE SHALL LEAVE THE MEETING. AN INTERESTED PERSON SHALL NOT BE PRESENT FOR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER OR THE VOTE ON THE TRANSACTION OR ARRANGEMENT THAT MAY CONSTITUTE A CONFLICT OF INTEREST. THE INTERESTED PERSON SHALL NOT OTHERWISE PARTICIPATE IN THE BOARD PROCESS OR ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING.

AN INTERESTED PERSON SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A
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2022.03050 SCIENCE FRIDAY INITIATIVE 12195641

Schedule O (Form 990) 2022	Page 2 Employer identification number
Name of the organization SCIENCE FRIDAY INITIATIVE, INC.	13-4252173
SCIENCE FRIDAI INITIATIVE, INC.	15-4252175
QUORUM FOR PURPOSES OF TRANSACTING BUSINESS AT THE MEETING	. THE CHAIRPERSON
OF THE BOARD SHALL, IF APPROPRIATE, INVESTIGATE OR APPOINT	A DISINTERESTED
PERSON OR COMMITTEE TO INVESTIGATE, ALTERNATIVES TO THE PR	OPOSED
TRANSACTION OR ARRANGEMENT AND WHETHER THE ORGANIZATION CA	N OBTAIN A MORE
ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EF	FORTS FROM A
PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF	INTEREST.

THE BOARD SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS REASONABLE AND FAIR TO THE ORGANIZATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION.

IN MAKING THE DETERMINATION WHETHER A TRANSACTION IS FAIR OR REASONABLE, THE BOARD SHALL, TO THE EXTENT APPROPRIATE, CONSIDER APPLICABLE LEGAL STANDARDS, INCLUDING THE INTERNAL REVENUE CODE OF 1986, THE RELATED TREASURY REGULATIONS AND THE CONNECTICUT GENERAL STATUTES, EACH AS AMENDED FROM TIME TO TIME.

FOR PURPOSES OF THIS POLICY, "FAIR TO THE ORGANIZATION" SHALL MEAN THAT THE TRANSACTION OR ARRANGEMENT AS A WHOLE WAS BENEFICIAL TO THE ORGANIZATION, TAKING INTO APPROPRIATE ACCOUNT WHETHER IT IS OR WAS (1) FAIR IN TERMS OF THE INTERESTED PERSON'S DEALINGS WITH THE ORGANIZATION, AND (2) COMPARABLE TO WHAT MIGHT HAVE BEEN OBTAINABLE IN AN ARM'S LENGTH TRANSACTION, GIVEN THE CONSIDERATION PAID OR RECEIVED BY THE ORGANIZATION.

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

THE ORGANIZA	TION MAKES	ITS	FORM	990	AVAILABLE	FOR	PUBLIC	INSPECTION	AS	
232212 10-28-22								Schedule C	(Form	990) 2022
					38					
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Schedule O (Form 990) 2022 Name of the organization SCIENCE FRIDAY INITIATIVE, INC.	Employer identification numbe
REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE	E. IT IS POSTED ON
NEW YORK STATE ATTORNEY GENERAL WEBSITE , GUIDESTAR.ORG	AND OTHER SIMILAR
TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS	S, CONFLICT OF
INTEREST POLICY, FORM 990, FORM 1023, AND GOVERNING DOCU	JMENTS ARE ALSO
AVAILABLE UPON WRITTEN REQUEST TO 30 BROAD STREET #801,	NEW YORK, NY
10004-2922 OR BY CALLING THE ORGANIZATION DIRECTLY AT (2	212) 840-2244.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PAYROLL SERVICE FEES:	
PROGRAM SERVICE EXPENSES	206.
MANAGEMENT AND GENERAL EXPENSES	20.
FUNDRAISING EXPENSES	49.
FOTAL EXPENSES	275.
CONSULTANT FEES:	
PROGRAM SERVICE EXPENSES	92,330.
MANAGEMENT AND GENERAL EXPENSES	30,095.
UNDRAISING EXPENSES	0.
TOTAL EXPENSES	122,425.
FREELANCE/EDITOR:	
PROGRAM SERVICE EXPENSES	
IANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	
HONORARIUM/GUEST:	

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Schedule O (Form 990) 202