efile	e Pı	ıblic Visı	ıal Render	ObjectId:	: 20243228934	49301843 - Su	bmissio	n: 202	4-08-	15	Т	IN: 55-0630700		
<u> </u>		_		eturn of (Organizatio	on Exempt	From	Inco	ome	Tax		OMB No. 1545-0047		
Form	93	9 U			•	the Internal Reve					ione)	2022		
						mbers on this form		-	-			2022		
		f the Treasury	•	Go to <u>www.ir</u>	s.gov/Form990	for instructions a	and the I	atest in	ıforma	tion.		Open to Public Inspection		
			ı alendar year,	or tax year be	eginning 10-01-2	2022 , and endi	ng 09-30)-2023						
		applicable:	C Name of organ							D Employe	er identi	fication number		
☐ Addr	.055.0	hange	NATIONAL TO	UTH SCIENCE FOR	UNDATION INC					55-0630	700			
	C33 C	nange	Doing busines	s as										
Nam	e cha	nge	NATIONAL YOU	UTH SCIENCE ACA	ADEMY				-	E Telephon	e number	-		
_	al reti	ırn	Number and s		if mail is not delivere	ed to street address)	Room/sui	te		(304) 2				
Final	return	/terminated					<u></u>			(304) 2	03 3727			
□ ∆me	nded	return	DAVIS, WV 2		country, and ZIP or f	roreign postai code				G Gross re	ceipts \$ 1	,464,332		
	naca	-												
Appl	icatio	n pending	F Name and	address of prin	ocinal officer:		ı	U/~\	Ta blata i		6			
			RYAN HAUPT		icipai officeri				subordi	a group ret nates?	Lurii ioi	☐Yes ✓ No		
			494 RIVERST					H(b)	Are all s	subordinat	es	Yes No		
I Tax	k-exe	mpt status:	501(c)(3)	501(c) () 1 (insert no.)	4947(a)(1) or	527		include If "No,"		ist. See	instructions.		
J W	ebsi	te:▶ NYS	SACADEMY.COM		, , , –					exemption				
								•						
K Forr	n of c	organization:	Corporation	n Trust	Association Oth	er 🕨		L Year of	f formati	on: 1983	M State WV	of legal domicile:		
Pa	art I	Sum	mary											
	1				on or most signific	ant activities:								
Ce		PROMOTIN	IG SCIENCE EL	DUCATION TO Y	OUTH									
nan														
Activities & Governance	,	Check thi	s box 🕨 🗌											
Ğ	_			ers of the gove	erning body (Part \	/I, line 1a)					3	16		
SS CS	4	Number o	of independent	voting member	rs of the governing	g body (Part VI, line	e 1b) .				4	16		
vitte	5	Total num	nber of individu	ials employed ii	n calendar year 20)22 (Part V, line 2a)				5	12		
(CE				ers (estimate if							6	19		
٩					Part VIII, column (7a	0		
	ь	Net unrei	ated business t	taxable income	from Form 990-1,	Part I, line 11 .	• •			· · Year	7b	Current Year		
_	8	Contribut	ions and grants	s (Part VIII, line	1h)				F1101	913,6	38	1,365,505		
Revenue	9		_		· 2g)						0	C		
3eVe	10	Investme	nt income (Par	t VIII, column (A), lines 3, 4, and	7d)				16,5	15	74,812		
-	11	Other rev	enue (Part VIII,	, column (A), lii	nes 5, 6d, 8c, 9c,	10c, and 11e)				3,1	75	24,015		
	-				•	/III, column (A), lin				933,3	_	1,464,332		
						es 1-3)	•				0	0		
		•		-		e 4) ., column (A), lines	· · 5_10)			344,7	0	570,231		
Sex			-		-	1e)	-			344,7	0	370,231		
Expenses			_	-	(D), line 25) ▶69,310	-								
ă	17	Other exp	oenses (Part IX,	, column (A), li	nes 11a-11d, 11f-	-24e)				665,1	51	1,120,094		
	18	Total exp	enses. Add line	es 13–17 (must	equal Part IX, colu	umn (A), line 25)				1,009,8	65	1,690,325		
. 00	19	Revenue	less expenses.	Subtract line 1	8 from line 12 .		•			-76,5		-225,993		
Net Assets or Fund Balances								Begir	nning of	Current Ye	ear	End of Year		
sset 3ala	20	20 Total assets (Part X, line 16)									10	12,389,595		
et A		1 Total liabilities (Part X, line 26)								90	10,091,366			
				nces. Subtract l	ine 21 from line 20	0				2,524,2	20	2,298,229		
Ps	rt II	Sian	ature Rinck											

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know	edge and	s of perjury, I declare that I have ex I belief, it is true, correct, and compl				•				
any k	nowledge	l.			2024-08-13					
Sian	•	Signature of officer			Date					
	. 6	RYAN HAUPT EXECUTIVE DIRECTOR/CEO								
Form 9 Part Part Part 4a 4b		Type or print name and title								
-		Print/Type preparer's name	Preparer's signature	Date		PTIN				
Paid	t				self-employed	P01990800				
Pre	parer	Firm's name HERMAN & CORMA	NY CPA		Firm's EIN > 55-	Firm's EIN ► 55-0596200				
Use	Only	Firm's address 812 QUARRIER STF	REET SUITE 100		Phone no. (304)	345-2320				
		CHARLESTON, WV	25301							
May t	he IRS di	scuss this return with the preparer s				✓ Yes				
		k Reduction Act Notice, see the			at. No. 11282Y	Form 990 (2022				
			•		di. 1101 112021	101111 330 (2022)				
			Page 2 —							
_	/					_				
	990 (202	•	- A !! - b b -			Page 2				
Par		Statement of Program Service	-							
_		Check if Schedule O contains a responseribe the organization's mission:	nse or note to any line in this P	ап III	· · · · · ·					
	•	ND CONDUCTING STEAM EDUCATIO	N PROGRAMS FOR YOUTH							
2	Did the	organization undertake any significa	nt program services during the	year which were n	ot listed on					
	the prior	Form 990 or 990-EZ?				🗌 Yes 🔽 No				
	If "Yes,"	describe these new services on Sch	edule O.							
3	Did the	organization cease conducting, or m	ake significant changes in how i	t conducts, any pr	ogram					
	services					Yes ✓ No				
	If "Yes,"	describe these changes on Schedule	e O.							
4		the organization's program service 501(c)(3) and 501(c)(4) organizatio	•							
		s, and revenue, if any, for each prog		nounc or grants and	a unocations to other	s, the total				
				6.1						
4a	(Code:) (Expenses \$ TS VIRTUAL AND IN-PERSON STEAM ENRIG	1,458,970 including grants) (Revenue \$) R CITIES FOR STUDENTS FROM				
		ER STATES AND WESTERN HEMISPHERE CO			TO CONTONS IN OTHE	K CITIES TOK STOBERTS TROTT				
4b	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)				
	-									
	-									
4c	(Code:) (Expenses \$	including grants	of \$) (Revenue \$)				
						_				

4d Other program services (Describe in Schedule O.)

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National Youth Science Foundation - Full Filing - Nonprofit Explorer - ...

(Expenses \$) (Revenue \$ including grants of \$)

1,458,970 Total program service expenses 🕨 4e

Form **990** (2022)

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Form	990 (2022)			Page 3
Pai	Checklist of Required Schedules	1		
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes	No
_	Schedule A S	1	165	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥵	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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? <i>If "Yes," complete Schedule D</i> ,Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
	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		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Solidate appropriate the propriate schedule D, Part X Solidate appropriate the propriate schedule D, Part X Solidate appropriate the propriate schedule D, Part X Solidate appropriate schedule D, Part X Solid	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
L	TE INVESTIBLE TIME OF A SIGNATURE CONTRACTOR OF THE SIGNATURE OF THE SIGNA			I

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_	IT TARE TO LINE ALS AND THE OPPORTUZION STEECH S CONV. OF ITS SHARING THEODY STEECH FOR THE POLITY			
D	ir fes to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99 0	0 (2022

– Page 4 -Form 990 (2022) Page 4 **Checklist of Required Schedules** (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 No column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's No current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and No 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a No Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 25b that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete No Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former 26 officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family No 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 No 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 28a No **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b No A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete No 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . 29 No 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation No 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 No Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete No 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Nο 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 No 35a No 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related No 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that No is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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. . . _ Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No

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та	Enter the number reported in DOX 3 or Form 1096. Enter -U- if not applicable	та	1/	1 1]	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to ve (gambling) winnings to prize winners?			1c	Yes	
				F	orm 99	0 (2022)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	_	_	
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
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	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			
С	Enter the amount of reserves on hand	1		

				i
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	L I	orm 99	0 (2022)
		•	01111 33	• (2022)
	Page 6 ———————————————————————————————————			
Form	990 (2022)			Page 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	lo" resp	onse to	,
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			~
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 16			
	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or			
	similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: $\frac{1}{2}$			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		T
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990	13-	Ver	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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 arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

	in joint venture arrangements under applications with respect to such arrangements?								guard the organizat	·		
	ection C. Disclosure						-		•	16	ob	
17	List the states with which a copy of this Fo	rm 990 is requi	red to l	oe fil	led▶	,						
18	Section 6104 requires an organization to r 501(c)(3)s only) available for public inspec											
	Own website Another's website	Upon red	uest		Othe	er (e	explair	ı in	Schedule O)			
19	Describe in Schedule O whether (and if so policy, and financial statements available t						overni	ng d	documents, conflict	of interest		
20	State the name, address, and telephone n RYAN HAUPT 494 RIVERSTONE RD D	umber of the pe					s the	orga	anization's books ar	nd records:		
											Form 990 (2022
				Pag	e 7	_						
Form	n 990 (2022)										P	age 7
	rt VII Compensation of Officers, D	irectors,Tru	stees,	Ke	y E	mp	loye	es,	Highest Compe	ensated Employ		<u> </u>
	and Independent Contracto											
	Check if Schedule O contains a res	oonse or note to	any lir	ne in	this	Pa	rt VII					
S	ection A. Officers, Directors, Truste	es, Key Emp	loyee	s, a	nd	Hig	jhest	Co	mpensated Em	ployees		
	complete this table for all persons required to	be listed. Rep	ort com	pens	satio	n fo	or the	cale	ndar year ending w	ith or within the o	rganization's t	tax
year.	List all of the organization's current officer	s, directors, tru	stees (v	whet	her i	indi	vidual	s or	organizations), red	ardless of amount		
	empensation. Enter -0- in columns (D), (E),								,,	,		
•	List all of the organization's current key em	ployees, if any.	See the	e ins	truc	tion	s for c	defir	nition of "key emplo	yee."		
	List the organization's five current highest o	•		•								_
	received reportable compensation (box 5 of organization and any related organizations.	Form W-2, box	6 of Fo	rm 1	1099	-MI	SC, ar	nd/c	or box 1 of Form 10	99-NEC) of more t	han \$100,000) from
	List all of the organization's former officers,	kev employees	or hia	hest	t con	nne	nsater	l en	nlovees who receiv	ved more than \$10	0 000	
	portable compensation from the organization						iisatet		ipioyees who recen	rea more than \$10	0,000	
•	List all of the organization's former directo	rs or trustees	that re	ceive	ed, ir	n th	е сара	acity	as a former direct	or or trustee of the	e	
-	nization, more than \$10,000 of reportable co	•		orga	niza	tion	and a	any	related organization	ns.		
See	the instructions for the order in which to list	the persons ab	ove.									
	Check this box if neither the organization no	r any related o	rganizat	tion	com	pen	sated	any	current officer, dire	ector, or trustee.	Т	
	(A)	(B)			(C	-			(D)	(E)	(F)	
	Name and title	Average hours per	more				check		Reportable compensation	Reportable compensation	Estimate amount of c	
		week (list					n office		from the	from related	compensat	
		any hours	and		recto	or/t	rustee	:)	organization	organizations	from the	
		for related organizations	악	Inst	₽	즇	lwe fiH	For	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization related	
		below dotted		Ē	~	-	jhe:	rmer	11130, 1033 1120)	11130, 1033 1120)	organizatio	
		line)	lividual t	ti or	~	큥	st c	æ				
			~ 	<u>a</u>		employee	mö					
			Individual trustee or director	itutional trustee		ě	hest compensated ployee					
			Φ	993			1s at					
							be					
		1.00	1	t	t	\vdash					f .	

	hours per week (list any hours		on is	bot	h ar	x, unla n offica rustee	er	compensation from the organization	compensation from related organizations	amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations
(1) AARON MORRIS PH D BOARD MEMBER	1.00	х						0	0	0
(2) MELISSA BUCCI-LANE BOARD MEMBER	1.00	х						0	0	0
(3) RON WALTERS JR TREASURER	1.00	х		х				0	0	0
(4) BETH KINNE JD LLM SECRETARY	5.00	х		x				0	0	0
(5) DAVID HACKLEMAN PHD BOARD MEMBER	1.00	х						0	0	0
(6) GEORGE BENNETT PH D BOARD MEMBER	1.00	х						0	0	0
(7) DARCIE BOSCHEE BOARD MEMBER	1.00	х						0	0	0
	1 00							I		

(8) HAYWOOD D MCCALLUM JR BOARD MEMBER	1.00	x			0	0	0
(9) MICHAEL DYBEL BOARD MEMBER	1.00	х			0	0	0
(10) J SCOTT FRESHWATER BOARD MEMBER	1.00	х			0	0	0
(11) RONALD G PEARSON CHAIR	20.00	X	х		0	0	0
(12) JACK ROSSI BOARD MEMBER	1.00	x			0	0	0
(13) MICHAEL STARK BOARD MEMBER	1.00	X			0	0	0
(14) MARY ANN TOMSON BOARD MEMBER	1.00	x			0	0	0
(15) JILL L COCHRAN BOARD MEMBER	1.00	x			0	0	0
(16) T JOSEPH LOPEZ VICE CHAIR	1.00	х	х		0	0	0
(17) RYAN J HAUPTCEO	40.00		Х		92,346	0	0

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Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related		ne b	ox, i an of	t ch unle fice	ss per r and a	son	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
-										
										_

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.2	:							ļ
Š	j ,							
200	·							
Program Sarvi	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
å	-							
	f All other program							
	9 Total. Add lines 2	2a-2f 						T
	3 Investment income similar amounts) .			iterest, and other	74,812			74,812
	4 Income from invest			nd proceeds				
				▶				
			Real	(ii) Personal				
	5 - 6	, , , , , , , , , , , , , , , , , , ,						
	6a Gross rents	6a						
	b Less: rental expenses	6b						
	c Rental income							
	or (loss)	6c]		1	
	d Net rental income			-				
	7- Cross amount	(1) Sec	urities	(ii) Other				
	7a Gross amount from sales of	7a						
a)	assets other than inventory							
Other Revenue	Less: cost or	7b						
eve	other basis and sales expenses							
ď	Gain or (loss)	7c						
he	d Net gain or (loss))						
ö	a Gross income from fu			-				
	(not including \$							
	contributions reporte See Part IV, line 18		8a					
	b Less: direct expen		8b					
	c Net income or (los		!	nts				
		•		_				
	9a Gross income from							
	See Part IV, line 19		9a					
	b Less: direct expen						1	
	c Net income or (los	ss) iroin gainin		es .				
	10aGross sales of inve	entory, less						
	returns and allowa	ances	10a					
	b Less: cost of good	ls sold	10b				1	
	c Net income or (los	ss) from sales of	of invento	•				
			. [Business Code			l	
	11aOTHER REVENUE	- EXCLUD		900009	24,015	24,015		
	b							
Oth	er <mark>gevenueMiscAmt</mark>							
	d All other revenue							
	e Total. Add lines 1	1a-11d			24,015			
	12 Total revenue. S	ee instructions				24.015	-	74.610
					1,464,332	24,015	0	74,812 Form 990 (2022)

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Port IV Statement of Europianal Evnences

Falt IA Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A)	(B)	(C)	(D)
	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	92,346	76,093	16,253	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	411,722	339,261	47,564	24,89
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	111,722	5537261	,350.	2.1,03
9 Other employee benefits	66.163	49,638	13,308	3,21
10 Payroll taxes	00,103	15,030	15,500	5,21
, · · · · · · · · · · · · · · · · · · ·				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	126,070	92,749	30,262	3,05
12 Advertising and promotion				
13 Office expenses	24,336	9,356	7,221	7,75
14 Information technology				
15 Royalties				
16 Occupancy	92,384	78,634	13,750	
17 Travel	262,679	245,882	6,040	10,75
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	· ·			·
19 Conferences, conventions, and meetings	20,915	7,215	11,355	2,34
20 Interest				
21 Payments to affiliates				-
22 Depreciation, depletion, and amortization				
	50,124	50,124		
23 Insurance	30,124	30,124		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
expenses on Schedule O.) a REPAIRS AND MAINTENCE	209,375	209,375		
b SPEAKERS EXPENSE	158,725	146,238	100	12,38
c MATERIALS AND SUPPLIES	118,478	108,497	5,699	4,282
d OTHER	36,647	36,366	281	
e All other expenses	20,361	9,542	10,212	60
25 Total functional expenses. Add lines 1 through 24e	1,690,325	1,458,970	162,045	69,31
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		·		<u> </u>
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				

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Part X **Balance Sheet**

		Check if Schedule O contains a response or not	e to ar	y line in this Part IX			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			10,640	1	2,310
	2	Savings and temporary cash investments .		[1,598,336	2	1,196,91
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[80,179	4	23,85
	5 6	Loans and other receivables from any current of trustee, key employee, creator or founder, substantially controlled entity or family member of any of the Loans and other receivables from other disquality section 4958(f)(1)), and persons described in section 4958(f)(1).	contributor, or 35% ons sons (as defined under		5		
o	7	Notes and loans receivable, net		7			
doce.	8	Inventories for sale or use				8	
ŝ	9	Prepaid expenses and deferred charges				9	
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	10,879,512			
	b	Less: accumulated depreciation	10b	318,844	10,340,668	10 c	10,560,668
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .		581,187	12	605,837
	13	Investments—program-related. See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq.		F	12,611,010	16	12,389,59
-	17	Accounts payable and accrued expenses		· · · · · · · · · · · · · · · · · · ·	29,698	17	34,274
	18	Grants payable	-	-	,	18	,
	19	Deferred revenue			10,057,092	19	10,057,093
	20	Tax-exempt bond liabilities				20	.,,
ļ	21	Escrow or custodial account liability. Complete F		-		21	
25	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	ner offi butor, o	er, director, trustee, key r 35% controlled entity		22	
Ĭ	23	Secured mortgages and notes payable to unrela	ted thi	d parties		23	
- 1	24	Unsecured notes and loans payable to unrelated		· -		24	
	25	Other liabilities (including federal income tax, parand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables	-		25	
	26	Total liabilities. Add lines 17 through 25 .			10,086,790	26	10,091,36
ruilu balalices	27	Organizations that follow FASB ASC 958, characteristics complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck h	ere 🕨 🗸 and	1,874,082	27	1,716,844
Ď	28	Net assets with donor restrictions		[650,138	28	581,385
_	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	•	neck here ▶ □ and		29	
3	30	Paid-in or capital surplus, or land, building or ed	Juipmei	t fund		30	
Haaces	31	Retained earnings, endowment, accumulated in	come, o	r other funds		31	
	32	Total net assets or fund balances			2,524,220	32	2,298,229
Net	33	Total liabilities and net assets/fund balances .			12,611,010	33	12,389,59

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Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization NATIONAL YOUTH SCIENCE FOUNDATION INC **Employer identification number**

55-0630700

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	art I	Reason for Public Chation is not a private found								See ins	tructions.		
1		A church, convention of ch		•		-	•	•	•	(A)(i).			
2		A school described in sect	•						, -(-)(-)	(,,,(,,,			
3		A hospital or a cooperative			•		-		->/4>/A>/	:::\			
4			•	_				-	,,,,,,,	-	(4)(4)(**) =		ha haashalla
4		A medical research organize name, city, and state:	zation operate	ed in con	junction with	a hos	spital descri	bed in	section	L70(b)	(1)(A)(III). Ent	ter t	ne nospital's
5		An organization operated final field (Compared to 170(b)(1)(A)(iv). (Compared to 170(b)(1)(A)(iv).			lege or univer	sity (owned or op	erate	d by a gov	ernmen	tal unit describe	ed ii	section
6		A federal, state, or local go	overnment or	governm	nental unit des	scribe	ed in sectio	n 170	0(b)(1)(A)(v).			
7	~	An organization that norm section 170(b)(1)(A)(v				s sup	port from a	govei	nmental u	nit or fr	om the general	pul	olic described in
8		A community trust describ	ed in section	170(b)	(1)(A)(vi). (Com	plete Part II	[.)					
9		An agricultural research or non-land grant college of a										ge d	r university or a
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
11		An organization organized	and operated	l exclusiv	ely to test for	pub	lic safety. Se	ee se	ction 509	(a)(4).			
12 a		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must											
b		complete Part IV, Section Type II. A supporting org management of the suppo	ons A and B. anization sup	ervised o	or controlled in	r n con	nection with	its s	upported o	rganiza	tion(s), by havi	ng d	control or
С		must complete Part IV, Type III functionally in	tegrated. A s	supportin							ionally integrate	ed v	vith, its
		supported organization(s)	•	•	-		-						
a		Type III non-functional functionally integrated. Th instructions). You must c	e organization	n general	lly must satisf	y a d	listribution r						
е		Check this box if the organintegrated, or Type III nor						RS tha	it it is a Ty	pe I, Ty	pe II, Type III f	unc	tionally
f	Enter	r the number of supported o	rganizations								· · · · · <u> </u>		
g		de the following information											
	(i) ľ	Name of supported organization	(ii) EIN	orga (descril 1- 10	organization in your governing document? monetary su		Amount of tary support nstructions)	oth	vi) Amount of er support (see instructions)				
						Y	'es	N	0				
		T											
Tot	al												
Tot For		work Reduction Act Notic	e, see the Ir	structio	ns for	Cat	. No. 11285	F			Schedule A	(F	orm 990) 2022
	•	or 990-EZ.	-,			out					20110441107	. (.	o 000, 2022
					Pag	ge 2							
Sch	edule A	(Form 990) 2022											Page 2
P	art II	Support Schedule 1											
		(Complete only if you										ify ι	under Part III.
_	action	If the organization fa	illed to quali	ry unae	r the tests II	istea	below, pie	ease	complete	Part I.	11.)		
	lendar	A. Public Support				1						1	
no)	fiscal	year beginning in) 🕨	(a) 2018	3	(b) 2019		(c) 2020		(d) 2021		(e) 2022		(f) Total
	membe	rants, contributions, and ership fees received. (Do not any "unusual grant.")	t :	1,063,126	401	,041	98	39,865		913,638	1,365,5	505	4,733,175
2	Tax rev	renues levied for the cation's benefit and either pa											
3	The val	or expended on its behalf											

Vational	Youth	Science	Foundation -	- Full Filing -	Nonprofit I	Explorer

	the organization without charge Total. Add lines 1 through 3	1,063,126	401,041	989,865	913,638	1,365,505	4,733,175
	The portion of total contributions by		·	·			
	each person (other than a						
	governmental unit or publicly supported organization) included on						554,470
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4.						4,178,705
	ection B. Total Support						
Cal	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	fiscal year beginning in) 🕨	` '	` '	` '		` '	
7	Amounts from line 4 Gross income from interest,	1,063,126	401,041	989,865	913,638	1,365,505	4,733,175
8	dividends, payments received on						
	securities loans, rents, royalties and	33,140	17,730	2,744	16,515	74,812	144,941
_	income from similar sources						
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				2 175	24.015	27 100
	or loss from the sale of capital assets (Explain in Part VI.)				3,175	24,015	27,190
11	Total support. Add lines 7 through						4,905,306
			>				1,303,300
	Gross receipts from related activities, e	•	,			12	
	First 5 years. If the Form 990 is for the	-			•		ization, check
	this box and stop here					▶ ⊔	
	ection C. Computation of Public			(6)			
	Public support percentage for 2022 (lin					14	85.190 %
	Public support percentage for 2021 Sch 33 1/3% support test—2022. If the					15	87.180 %
16a	and stop here. The organization qualit						
	33 1/3% support test—2021. If the						
D	box and stop here. The organization	-		•		•	_
172	10%-facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" to	est. The organizat	ion qualifies as a	oublicly supported	organization		🕨 🗌
b	10%-facts-and-circumstances tes						
	more, and if the organization meets the		•				
	meets the "facts-and-circumstances"	-	•		-		🟲 🗆
18	Private foundation. If the organization	on did not check a	box on line 13, 1	ba, 160, 17a, or 1	/b, check this box	and see	▶ □
	instructions					Schedule A (Form 990) 2022
						Schedule A (101111 330) 2022
			Page 3				
			rage 3				
							_
	edule A (Form 990) 2022						Page 3
P	Part III Support Schedule for	_					
	(Complete only if you				-		er Part II. If
	the organization fails tection A. Public Support	to quality under	the tests listed	below, please c	ompiete Part II	.)	
	endar year			T			
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are	2					
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
4	organization's benefit and either paid		1				
	to or expended on its behalf		1	1	1		
5	The value of services or facilities		1				
	furnished by a governmental unit to					I	1
	the organization without charge						
6	the organization without charge Total. Add lines 1 through 5						
	-						

	3 received from disqualified persons	I	1	1	ı	I	i		
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line								
	13 for the year.								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support								
	ndar year	(-) 2010	(L) 2010	(-) 2020	(4) 2021	(-) 2022	(0)		
	iscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(1)	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.								
c 11	Add lines 10a and 10b. Net income from unrelated business								
11	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
12	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 t	he organization's	first, second, thir	d, fourth, or fifth	tax year as a secti	on 501(c)(3) org	anizat	ion, ch	neck
	this box and stop here							<u> l</u>	
Se	ction C. Computation of Public								
15	Public support percentage for 2022 (li		•	. ,,		15			
16	Public support percentage from 2021					16			
	ction D. Computation of Invest Investment income percentage for 20			line 12 column	(f))	1 1			
17	Investment income percentage from 2			•	. ,,	17			
18	33 1/3% support tests-2022. If the	•	•			18 33 1/3% and li	ne 17 i	s not	
19a	more than 33 1/3%, check this box and								
b	33 1/3% support tests—2021. If the								18 is
_	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pub	licly supported org	anization		•	
20	Private foundation. If the organizati	on did not check a	box on line 14,	19a, or 19b, chec	k this box and see	instructions)	•	
						Schedule A	Form	990)	2022
			Page 4						
Sche									
	dule A (Form 990) 2022							Pa	age 4
Par	t IV Supporting Organization	s						Pa	age 4
Par	Supporting Organization (Complete only if you checked	a box on line 12 o						u checl	ked
Par	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se	a box on line 12 octions A and C. If	you checked box					u checl	ked
	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Section	a box on line 12 o ections A and C. If ns A and D, and c	you checked box					u checl	ked
	t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Se	a box on line 12 o ections A and C. If ns A and D, and c	you checked box					u checl	ked
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Par 11 a	Page 5 dule A (Form 990) 2022 t IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? 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? A family member of a person described on 11a above?	11a 11b	F	Page 5
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	the organization had excess business holdings).	10b		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether			
	answer line 10b below.	10a		
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)? If "Yes,"			
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets			
-	organization had an interest? If "Yes," provide detail in Part VI.	9b		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	Ja		
	defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as			
	complete Part I of Schedule L (Form 990).	8		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"			
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a			
-	· · · · · · · · · · · · · · · · · · ·	6		
	supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	_		
6	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its			
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other	ъc		
_	organization's organizing document?	5b 5c		
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 authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	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			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b			
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
c	supervised by or in connection with its supported organizations.	4b		
c	TRANSPORTED BY U.S. LESS DESCRIPTION FOR A REPORT OF DEPARTMENT DATE SHELL DESCRIPTION AND DESCRIPTION DESCRIPTION AND ARTHUR AND A PROPERTY			
b c	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			

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?							
2		Were any of the organization's officers, directors, or trustees either (i) appointed or e organization(s) or (ii) serving on the governing body of a supported organization? If 'organization maintained a close and continuous working relationship with the support	lected 'No," e	xplain in Part VI how the	1		
3		By reason of the relationship described in line 2 above, did the organization's support voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	ed org	anizations have a significant income or assets at all times	3		
_	Sec	ction E. Type III Functionally-Integrated Supporting Organizations		zaciono piayea in cino regarar			<u> </u>
1		Check the box next to the method that the organization used to satisfy the Integral P	art Tes	t during the year (see instructi	ons):		
	а	The organization satisfied the Activities Test. Complete line 2 below.					
	b	The organization is the parent of each of its supported organizations. Complete	e line	3 below.			
	С	The organization supported a governmental entity. Describe in Part VI how you	ou sup	ported a government entity (see	instru	ctions)	
2		Activities Test. Answer lines 2a and 2b below.				Yes	No
	 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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 torganization's involvement.	nese a	activities but for the	2b		
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.						
				Schedule A	3b (Form	1 990)	2022
		Page 6					
		Page 6 ———					
		t V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations		I	Page 6
F		t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying true	ıst on	Nov. 20, 1970 (explain in Part V	•		Page 6
F	ar	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C	ıst on	Nov. 20, 1970 (explain in Part V	•		Page 6
F	ar L	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income	ıst on	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
F	ar L	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.	ıst on	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
F	ar L	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year	ıst on	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
F	'ar	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain	ations	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
F	ar L	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional)	ust on I	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
: ::	ar L	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions	ations 1	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
: ::	'ar	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain	ations	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
	Par L	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions	ations 1	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
	rar L L 2	It V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3	1 2 3 4	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
	Par L	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions)	1 2 3	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
	rar L L 2	It V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3	1 2 3 4	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
	Par L L 2	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for	1 2 3 4 5	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
	Par L L 2	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations. Section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for	1 2 3 4 5	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
	Par L L 2 3	Lule A (Form 990) 2022 t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization of content Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	1	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
	Par L L 2 3	Lule A (Form 990) 2022 t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization of content Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	1	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6
	Par L L 2 3 4 5	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization and section A - Adjusted Net Income (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)	1 2 3 4 5 6 6	Nov. 20, 1970 (explain in Part V must complete Sections A through	•		Page 6

National	Youth	Science	Foundation	- Full Filing -	- Noni	orofit Ex	olorer

(B) Current Year		1		
(optional)	1	٦		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1			
tax year or assets field for part of year).				
	1.	1		
a Average monthly value of securities	1a			
b Average monthly cash balances	1b	1		
2 Weige monthly cash bulances	1			
c Fair market value of other non-exempt-use assets	1c			
		1		
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors	ı	1		
(explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt use assets	2			
** Addition indeptediess applicable to non-exempt use assets]		
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	4			
instructions).	•			<u></u>
		1		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by 0.035	6	1		
Multiply line 3 by 0.033	0			
7 Recoveries of prior-year distributions	7	1		
	ı			
8 Minimum Asset Amount (add line 7 to line 6)	8			
		1		
Section C - Distributable Amount Current Year				
Adjusted net income for prior year (from Section A, line 8, Column A)	1	1		
Adjusted net medite for prior year (non-section A, line o, column A)				
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4. Esta contraction 2 on the 2	l -	1		
4 Enter greater of line 2 or line 3	4			<u></u>
5 Income tax imposed in prior year	5	1		
F 11		1		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	6			
temporary reduction (see instructions)				<u></u>
7 Check here if the current year is the organization's first as a non-functionally-	integrat	ed Type III sup	porting	g organization (see
instructions)			S	chedule A (Form 990) 2022
				-
Page 7				
Schedule A (Form 990) 2022	O====	inntions (s:	ntin	Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Section D - Distributions	organ	izations (col	пипиес	Current Year
			_	Current rear
1 Amounts paid to supported organizations to accomplish exempt purposes			1	

2 Amounts paid to per excess of income fro	form activity that directly furthers of activity	d organizations, in	2		
3 Administrative exper	nses paid to accomplish exempt pu	rposes of supported organizati	ions	3	
4 Amounts paid to acq	uire exempt-use assets			4	
5 Qualified set-aside a	mounts (<i>prior IRS approval require</i>	ed - provide details in Part VI)	5	_
6 Other distributions (describe in Part VI). See instruction	ons		6	
7 Total annual distrib	outions. Add lines 1 through 6.			7	
8 Distributions to atter details in Part VI).	ntive supported organizations to wh See instructions	nich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amoun	t for 2022 from Section C, line 6			9	
10 Line 8 amount divide	d by Line 9 amount			10	_
	stribution Allocations instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1 Distributable amount	for 2022 from Section C, line 6				
	any, for years prior to 2022 quired <i>explain in Part VI</i>).				
	arryover, if any, to 2022:				
a From 2017 b From 2018					
c From 2019					
d From 2020					
efile Public Visual Ren	der Objectld: 202432289349	301843 - Submission: 2024-	-08-15		TIN: 55-0630700
Schedule B	Sc	hedule of Contribu	ıtors		OMB No. 1545-0047
(Form 990) Department of the Treasury		tach to Form 990, 990-EZ, or w.irs.gov/Form990 for the late			2022
Internal Revenue Service		w.ns.gov/r ormsso	est illiorillation.		
Name of the organization NATIONAL YOUTH SCIEN		N.II.S. 1904/1 Orinisso	est information.		er identification number
Name of the organization	CE FOUNDATION INC	nor the late	ist illioilliation.	Employ 55-0630	er identification number
Name of the organization NATIONAL YOUTH SCIEN	CE FOUNDATION INC	nor the late	St IIIOIIIauoii.		er identification number
Name of the organization NATIONAL YOUTH SCIEN Organization type (che	CE FOUNDATION INC		St IIIOIIIIauoii.		er identification number
Name of the organization NATIONAL YOUTH SCIEN Organization type (che	CE FOUNDATION INC eck one): Section: 501(c)() (enter num			55-0630	er identification number
Name of the organization NATIONAL YOUTH SCIEN Organization type (che	CE FOUNDATION INC eck one): Section: 501(c)() (enter num	nber) organization ot charitable trust not treate		55-0630	er identification number
Name of the organization NATIONAL YOUTH SCIEN Organization type (che	CE FOUNDATION INC eck one): Section: 501(c)() (enter num 4947(a)(1) nonexem	nber) organization ot charitable trust not treate		55-0630	er identification number
Name of the organization NATIONAL YOUTH SCIEN Organization type (che Filers of: Form 990 or 990-EZ	CE FOUNDATION INC Section: 501(c)() (enter num 4947(a)(1) nonexempto 527 political organization 501(c)(3) exempt private for the control of the control	nber) organization ot charitable trust not treate	d as a private foundat	55-0630	er identification number
Name of the organization NATIONAL YOUTH SCIEN Organization type (che Filers of: Form 990 or 990-EZ	CE FOUNDATION INC Section: 501(c)() (enter num 4947(a)(1) nonexempto 527 political organization 501(c)(3) exempt private for the control of the control	nber) organization of charitable trust not treate stion vate foundation of charitable trust treated as	d as a private foundat	55-0630	er identification number
Name of the organization NATIONAL YOUTH SCIEN Organization type (che Filers of: Form 990 or 990-EZ Form 990-PF	CE FOUNDATION INC Section: 501(c)() (enter num 4947(a)(1) nonexempt 527 political organization 501(c)(3) exempt priviled and the section of the sectio	nber) organization of charitable trust not treate stion vate foundation of charitable trust treated as vate foundation ule or a Special Rule.	ed as a private foundat s a private foundation	55-0630	er identification number
Name of the organization NATIONAL YOUTH SCIEN Organization type (che Filers of: Form 990 or 990-EZ Form 990-PF	CE FOUNDATION INC Section: 501(c)() (enter num 4947(a)(1) nonexempt 527 political organization 501(c)(3) exempt priviled and the section of the sectio	nber) organization of charitable trust not treate stion vate foundation of charitable trust treated as vate foundation ule or a Special Rule.	ed as a private foundat s a private foundation	55-0630	er identification number
Name of the organization NATIONAL YOUTH SCIEN Organization type (che Filers of: Form 990 or 990-EZ Form 990-PF Check if your organizati Note: Only a section 50 General Rule For an organiz	CE FOUNDATION INC Section: 501(c)() (enter num 4947(a)(1) nonexempt 527 political organization 501(c)(3) exempt priviled and the section of the sectio	nber) organization of charitable trust not treate stion vate foundation of charitable trust treated as vate foundation ule or a Special Rule . can check boxes for both the	nd as a private foundates a private foundation the General Rule and a single the year, contribution	ion Special	er identification number 7000 Rule. See instructions.

under sect received fr	anization described in section 501(c)(3) filing Form 990 or 99 ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A om any one contributor, during the year, total contributions of /III, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and	(Form 990 or 990-EZ), Part II, ii the greater of (1) \$5,000 or (2)	ine 13, 16a, or 16b, and that
during the	anization described in section 501(c)(7), (8), or (10) filing For year, total contributions of more than \$1,000 exclusively for roor for the prevention of cruelty to children or animals. Comple	eligious, charitable, scientific, lite	
during the If this box in purpose. D	anization described in section 501(c)(7), (8), or (10) filing For year, contributions exclusively for religious, charitable, etc., p is checked, enter here the total contributions that were received on't complete any of the parts unless the General Rule applications to the contributions totaling \$5,000 or more during the charitable, etc., contributions totaling \$5,000 or more during the contributions to the contribut	urposes, but no such contribution ed during the year for an exclusives to this organization because	ons totaled more than \$1,000. ively religious, charitable, etc., it received nonexclusively
990-EZ, or 990-PF	nization that isn't covered by the General Rule and/or the Spe F), but it must answer "No" on Part IV, line 2, of its Form 990; IPF, Part I, line 2, to certify that it doesn't meet the filing require. F).	or check the box on line H of its	Form 990-EZ
For Paperwork Redu for Form 990, 990-EZ	ction Act Notice, see the Instructions 7, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2022)
	Page 2 —		
Schedule B (Form	990) (2022)	Page	e 2
Name of organization	on SCIENCE FOUNDATION INC	Employer id 55-0630700	entification number
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
		\$	Payroll
			Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	rame, address, and Eli 14	Total Contributions	Person
-			☐ Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		<u> </u>	Payroll
			Noncash
			(Complete Part II for noncash

National	Youth	Science	Foundation	- Full Filing	r - Nonprofi	it Explorer

		1	COHIHIDUHOH5.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			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.)
			Schedule B (Form 990) (2022)

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Page 3 -

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

ATIONAL Y	OUTH SCIENCE FOUNDATION INC	55-0630700			
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
-		s			
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
-		<u> </u>			
(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		
-		<u> </u>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
-		<u> </u>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		

Schedule B (Form 990) (2022)

effile Public Visual Render ObjectId: 202432289349301843 - Submission: 2024-08-15 TIN: 55-06307 SCHEDULE D Supplemental Financial Statements Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990 Part IV, line 6 Foundation Inc Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds and other accounts 1 Total number at end of year						Page 4		
ame of organization ATIONAL YOUTH SCIENCE FOUNDATION INC Part III Exclusively religious, charitable, etc., contributions to organizations described in section 301(e)(7), (8), or (10) that tot than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or les year. (Enter this information once. See instructions.) > \$ Use duplicate copies of Part III if additional space is needed. (a) (b) Purpose of gift Transferee's name, address, and ZIP 4 (c) Use of gift (d) Description of how gift Relationship of transferor to transferee (e) Transfer of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift (f) Description of how gift Transferee's name, address, and ZIP 4 (e) Transfer of gift (f) Description of how gift (g) (h) Form (h) Purpose of gift (c) Use of gift (d) Description of how gift (e) Transfer of gift (f) Description of how gift (g) (g) (h) Form (h) Purpose of gift (g) Transfer	ا ماريام ما	D (Farms 0	200) (2000)					-
Secularity Foliation Science FOUNDATION INC Secularity Foliation Secularity Secularity Secularity Foliation Secularity							Employer	identification number
Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (19) that of the 51,000 for the year from any one contributor. Complete columns of through (e) and the following inerty. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less year. (Enter this information once. See instructions.)	TIONAL Y	YOUTH SC	CIENCE FOUNI	DATION INC			FF 062070	10
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Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number 55-0630700 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year	rm 990)			• •				2022
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ATIONAL YOUTH SCIENCE FOUNDATION INC S5-0630700 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts (a) Donor advised funds (b) Funds and other accounts (c) Funds and other accounts (d) Donor advised funds (e) Funds and other accounts (e) Funds and other accounts (f) Funds and other accounts (g) Donor advised funds (h) Funds and other accounts (g) Donor advised funds (h) Funds and other accounts (g) Donor advised funds (h) Funds and other accounts (,	⊳ G	o to <u>www.irs.gov/For</u>			information.	-
Total number at end of year		_		N INC			Employer id	lentification number
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organization's property, subject to the organization's exclusive legal control?			•					
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible	Did th	ne organiza	ation inform al	I donors and donor advis				
	charita	able purpo	ses and not fo	or the benefit of the done	or or donor ad	visor, or for any other purp	ose conferring impe	or
art II Conservation Easements.							•	
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					es" on Form	990, Part IV, line 7.		

https://projects.propublica.org/nonprofits/organizations/550630700/202...

National Youth Science Foundation - Full Filing - Nonprofit Explorer - ...

f Ending balance							_
Enamy balance							_
2a Did the organization include a	•	•	-			$\overline{}$	No
b If "Yes," explain the arrangen Part V Endowment Fund		ere ii the ex	pianation has be	een provided in Part	XIII		
	s. anization answered "Ye	s" on Fori	m 990, Part IV	, line 10.			
, 3		ent year	(b) Prior year	(c) Two years back	(d) Three years	back (e) Four yea	ars back
1a Beginning of year balance .		619,276	621,33	615,819	610	0,182	665,715
b Contributions				3,120			525,000
c Net investment earnings, gains			-2,06	2,397	7	5,637	-12,791
d Grants or scholarships							
e Other expenditures for facilities and programs	S						567,742
f Administrative expenses .							
g End of year balance		619,276	619,27	621,336	615	5,819	610,182
2 Provide the estimated percen	tage of the current year er	nd balance	(line 1a, column	(a)) held as:	-1		
a Board designated or quasi-en			3, 111	(1)			
b Permanent endowment							
c Term endowment							
The percentages on lines 2a,	2b, and 2c should equal 1	00%.					
3a Are there endowment funds r	not in the possession of the	e organizati	ion that are held	and administered fo	or the		_
organization by:						Yes	No
(i) Unrelated organizations(ii) Related organizations						3a(i) 3a(ii)	No No
b If "Yes" on 3a(ii), are the rela						3b	110
4 Describe in Part XIII the inter	-	•				L	
Part VI Land, Buildings, a	and Equipment. anization answered "Ye	s" on Fort	m 990 Part IV	line 11a See For	rm 990 Part)	X line 10	
Description of property	(a) Cost or other basis		or other basis (oth			(d) Book valu	ie
	(investment)						
1a Land			438,0	534			438,634
b Buildings			10,070,0	000		10	0,070,000
c Leasehold improvements							
d Equipment			59,3	344	56,728		2,616
e Other			311,	534	262,116		49,418
Total. Add lines 1a through 1e. (Co	olumn (d) must equal Form	990, Part	X, column (B), I	ine 10(c).)	•	10	,560,668
					Sched	ule D (Form 99	0) 2022
		_	_				
		—— Р	age 3 ———				
Schedule D (Form 990) 2022							Page 3
Part VII Investments - Ot	her Securities.						
·	anization answered "Ye	s" on Form	m 990, Part IV				
	on of security or category g name of security)		(b) Boo		(c) Method of v or end-of-year		
(ilicidalii	ig flame of security)		valu		or end or year	market value	
(1) Financial derivatives							
(2) Closely-held equity interests							
(3)Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Column (b) must equal Form 990,	, Part X, col. (B) line 12.)		•				

Part VIII				
Investn	nents - Program Related.			
	e if the organization answered 'Yes' on Form 990, Part IV,			
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	on (b) must equal Form 990, Part X, col.(B) line 13.)	b		
Part IX	Other Assets.		222 2	. =
	Complete if the organization answered 'Yes' on Form 990 (a) Description	0, Part IV, line 11d. See For		15. b) Book value
(1)	(C) Dockington		`	2, 2001. 10.00
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered 'Yes' on Form 990 (a) Description of lia		ee Form 990, Part X	, line 25. (b) Book value
1. (1) Federal	income taxes	ibility		(b) book value
(2) reactar	meeme taxes			
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 25.)		*	
	or uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the organization's final		enorts the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

- Page 4 -Schedule D (Form 990) 2022 Page 4 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 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a а Donated services and use of facilities 2b 2c c Recoveries of prior year grants Other (Describe in Part XIII.) d Add lines 2a through 2d 2e 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a b 4b 4с 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .

efile Public Visual Render

ObjectId: 202432289349301843 - Submission: 2024-08-15

TIN: 55-0630700

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

NATIONAL YOUTH SCIENCE FOUNDATION INC

Employer identification number

55-0630700

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE 990 IS PROVIDED TO THE EXECUTIVE COMMITTEE BEFORE THE RETURN IS FILED
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH REVIEW AT REGULARLY HELD BOARD MEETINGS.
FORM 990, PART VI, SECTION B, LINE 15	EXECUTIVE DIRECTOR SALARY IS COMPARED TO COMPARABLE ORGANIZATIONS
FORM 990, PART VI, SECTION C, LINE 19	ITEMS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S MAIN OFFICE.
FORM 990, PART XI, LINE 9:	ROUNDING 2.

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

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Schedule O (Form 990) 2022

Additional Data

Return to Form

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