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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

Open to Public

Internal Re		Service	· ·	01-2009 and ending 09-30-2010		roquiromonico	Inspection	
			car, or tax year beginning 10-	-	,	D Employer ide	entification number	
- Addre		· icasc	The Union of Concerned Scien	itists Inc		04-253576	7	
— Name		label or	Doing Business As			E Telephone nu		
— Initial		type. See		ox if mail is not delivered to street addres	cs) Doom/suito	(617) 547-	5552	
Term	ınated	Instruc- tions.	Two Brattle Square	ox il maii is not delivered to street addres	ss) Room, suite	G Gross receipts	\$ 19,832,162	
Amer — Applic		return pending	City or town, state or country Cambridge, MA 02238	, and ZIP + 4				
			me and address of principal	officer	H(a) Is th	■ ıs a group returı		
			T Knobloch rattle Square		affilia	ites?	⊤Yes 🔽 No	
		Camb	rıdge, MA 02238		H(b) Are al	l affiliates includ	ed?	
Tax-	exem	pt status 🔽 501(c) (3) 4 (insert no)	a)(1) or		o," attach a list ip exemption nu	(see instructions) mber ▶	
J Wel	bsit e	: • www ucsusa	org		(0)			
K Form	of org	ganization 🔽 Corpora	ation Trust Association C	ther 🕨	L Year of fo	rmation 1973	State of legal domicile DC	
Part					•	•		
Activities & Governance			he organization's mission or onment and curtail weapons					
je l	,	Chack this hav	- If the organization discon	tinuad ita anaratiana ar dianacad	of more than	25% of the not o	2000	
9				tinued its operations or disposed ody (Part VI, line 1a)			1	
برة در		_		e governing body (Part VI, line 1b			1	
<u> </u>	5	Total number of e	employees (Part V , line 2a)			5	15	
	6	Total number of v	olunteers (estimate if neces	sary)		6		
⋖	7a	Total gross unrel	ated business revenue from	Part VIII, column (C), line 12 .	•	78	·	
	b	Net unrelated bus	siness taxable income from	Form 990-T, line 34		71	-47	
	_				Prio	or Year	Current Year	
<u>a</u>	8		nd grants (Part VIII, line 1h			21,188,464	18,359,545	
Revenu	9 10)		154,294	170,768	
Æ	11			5, 6d, 8c, 9c, 10c, and 11e)		177,051	139,650	
:	12			t equal Part VIII, column (A), line		,	·	
						21,519,809	18,669,963	
	13 14			olumn (A), lines 1-3)			0	
	1 4 15	•		utilit (A), title 4) lefits (Part IX, column (A), lines 5	:_			
8		10)	ompensation, employee bei	iems (rate 1%, column (%), mies s		11,166,565	11,549,458	
Expenses	16a	Professional fun	draising fees (Part IX, colur	nn (A), line 11e)		411,524	74,321	
품	b		penses (Part IX, column (D), line					
	17			11a-11d, 11f-24f)		7,450,846	8,698,484	
	18 19			ral Part IX, column (A), line 25)		2,490,874	20,322,263	
	± 9	Nevellue 1855 8)	venses Subtract line 10 IIC			g of Current	-1,652,300 End of Year	
Net Assets or Fund Balances	20	Total access (2)	art V June 15 \		Y	'ear		
A B	20 21		art X, line 16)			5,299,357	36,304,764 5,062,184	
조 <u>년</u> [22		ind balances Subtract line 2			32,245,871	31,242,580	
Part		Signature B				02,2 :0,0 ; 2	0 2 /2 . 2 /0 0 0	
				ined this return, including accompanying n of preparer (other than officer) is based				
Sign Here		***** Signature of office	cer		2011- Date	05-13		
		Kevin T Knobloc						
		Type or print nai	me and title					
Paid		Preparer's signature Vince	ent D Luccitelli		Preparer's identifying number (see instructions)			
Prepar		Firm's name (or you	ırs Tonneson & Company CPAs	EIN ▶				
Use Or	nly	if self-employed), address, and ZIP + 4	4 401 Edgewater Place Suite	300				
			Wakefield, MA 018806208			Phone no 🕨 (7	'81) 245-9999 —————————————————————————————————	
May th	e IR	S discuss this ret	·	above? (see instructions)			▼Yes No	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Union of Concerned Scientists is a nonprofit partnership of scientists and citizens combining rigorous scientific analysis, innovative policy development, and effective citizen advocacy to achieve practical environmental solutions. We seek to ensure that all people have clean air, energy, and transportation, as well as food that is produced in a safe and sustainable manner. We strive for a future that is free from the threats of global warming and nuclear war, and a planet that supports a rich diversity of life. Sound science guides our efforts to secure changes in government policy, corporate practices, and consumer choices that will protect and improve the health of our environment globally, nationally, and in communities throughout the United States.

						Form 990 (2009)
4e	Total program ser	vice expenses►\$	17,462,414			
	(Expenses \$	7,237,384 inc	luding grants of	\$) (Revenue \$)
4d	Other program se	rvices (Describe in Sch	edule O) See al	so Additional Data fo	r Description	
		m conducts research on nucle rom nuclear threat The global				f global security issues, and works
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
					sound transportation policy, disser rming and harm human health	minates this information to the
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
		ks to curb global warming, ma mation to the public and police			gh scientific research and analyse	es, mobilization of scientists,
4a	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4	Section 501(c)(3)		ions and sectior	n 4947(a)(1) trusts a	argest program services by re required to report the am ervice reported	
	If "Yes," describe t	hese changes on Schedu	ıle O			
3	_	n cease conducting, or n	_	changes in how it cor	ducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese new services on Sc	hedule O			
2	the prior Form 990	n undertake any significa or 990-EZ?	ant program ser	vices during the year	which were not listed on	┌ Yes ┌ No

art TV	Check	dist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	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? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21, 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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	Į	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	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</i> "Yes," complete Schedule G, Part I	17	Yes	
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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N o
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) 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
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		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
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? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		N o
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Part V Statements Regarding Other IRS Filings and Tax Complia

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
la	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-	Yes	
h	return?	3a 3b	Yes	
a	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	163	No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	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		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		Νo
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		No
~	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		N o
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		No
ט	Section 501(c)(7) organizations. Enter			1,40
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	(ı	İ	I

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

Saction	A Coverning Pody and Management
	processes, or changes in Schedule O. See instructions.

36	ection A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body 1a	18			
Ь	Enter the number of voting members that are independent 1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business reother officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors or trustees, or key employees to a management company o		3		No
4	Did the organization make any significant changes to its organizational documents since the filed?	e prior Form 990 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization	n's assets?	5		Νo
6	Does the organization have members or stockholders?		6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or r governing body?	more members of the	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or o	other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions under year by the following	ertaken during the			
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 can organization's mailing address? If "Yes," provide the names and addresses in Schedule O	nnot be reached at the	9		No
	ection B. Policies (This Section B requests information about policies not require	ed by the Internal			
Re	evenue Code.)			W	N.
10-	Does the organization have local chapters, branches, or affiliates?	[10a	Yes	No No
	If "Yes," does the organization have written policies and procedures governing the activities	of such chapters	IUa		NO
	affiliates, and branches to ensure their operations are consistent with those of the organizat	ion?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990)			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 $$.		12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts?	s that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the podescribe in Schedule O how this is done	olicy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?		13	Yes	
14	Does the organization have a written document retention and destruction policy?		14	Yes	
15	Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the delibe	' '			
а	The organization's CEO, Executive Director, or top management official		15a	Yes	
b	Other officers or key employees of the organization		15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O $$ (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila taxable entity during the year?	ir arrangement with a	16a		No
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and taken steps				

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►AL, AK, AR, AZ, CA, CT, FL, GA, IL, KS, KY, LA, ME,
 MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OH,
 OR, OK, PA, RI, SC, TN, UT, VA, WA, WV, WI, DC,
 CO, ND
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - Own website 🔽 Another's website 🔽 Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization >

 Javier Caban Union of Concerned Scientist Inc

Two Brattle Square

Cambridge, MA 02238 (617) 547-5552

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

				-	-	-	-	-	-	-						
1 b	Total .												•	1,188,813	0	164,942

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►11

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Mal Warwick & Associates 2550 Ninth St Ste 103 Berkeley, CA 94710	Direct Mail Consultant	280,371
Mal Warwick & Associates 2550 Ninth St Ste 103 Berkeley, CA 94710	Mail House Services	168,995
Share Group Inc PO Box 55183 Boston, MA 02205	Fundraising	156,420
FSG Inc 20 Park Plaza Suite 320 Boston, MN 02205	Non-proft consultants	129,640
Brain Traffic Inc 615 First Ave NE Suite 475 Minneapolis, MN 55413	Website Consulting	120,640
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5	who received more than	

Page 8

18,669,963

192,829

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

А	Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to	-		(D).	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	624,284	479,256	35,348	109,680
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	8,816,934	7,517,217	192,030	1,107,687
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	651,733	561,754	4,106	85,873
9	Other employee benefits	746,375	634,711	27,280	84,384
10	Payroll taxes	710,132	600,674	16,514	92,944
11	Fees for services (non-employees)				
а	Management				
b	Legal	54,408	49,120	1,605	3,683
c	Accounting	45,560		45,560	
d	Lobbying	15,622		15,622	
e	Professional fundraising See Part IV, line 17	74,321			74,321
f	Investment management fees				
g	Other	2,603,479	2,373,923		229,556
12	Advertising and promotion	483,324	481,064		2,260
13	Office expenses	202,790	180,310	756	21,724
14	Information technology	351,816	316,842	4,623	30,351
15	Royalties				
16	Occupancy	1,124,762	1,095,461	724	28,577
17	Travel	769,197	631,525	6,006	131,666
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	57,681	46,053	1,356	10,272
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	352,806	318,513	10,408	23,885
23	Insurance	42,524	38,438	1,240	2,846
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Printing and Publicatio	629,586	600,932	147	28,507
b	Postage and Freight	495,872	414,063	1,079	80,730
c	Event Expense	446,534	291,114	4,888	150,532
d	List and Mailing Expen	279,689	154,734	0	124,955
е	Equipment Rental and Ma	203,833	187,577	2,636	13,620
f	All other expenses	539,001	489,133	11,347	38,521
25	Total functional expenses. Add lines 1 through 24f	20,322,263	17,462,414	383,275	2,476,574
26	Joint costs. Check here ► ▽ If following SOP 98-2		-		<u> </u>
	Complete this line only if the organization reported in				
	column (B) joint costs from a combined educational campaign and fundraising solicitation	1,217,791	1,005,834	0	211,957
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>			<u> </u>

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			674,733	1	498,117	
	2	Savings and temporary cash investments			18,591,252		8,426,134	
	3	Pledges and grants receivable, net	•		3,924,025		1,529,709	
		- · · · · · · · · · · · · · · · · · · ·	•		30,187	4	30,771	
	4	Accounts receivable, net			30,167	4	30,771	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, кеу	employees, and				
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and				
		Schedule L	hedule L					
ssets	7	Notes and loans receivable, net				7		
Š	8	Inventories for sale or use			44,427	8	30,565	
⋖	9	Prepaid expenses and deferred charges			259,741	9	176,263	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	8,133,461				
	ь	Less accumulated depreciation	10b	3,218,098	5,114,874	10c	4,915,363	
	11	Investments—publicly traded securities			8,354,526	11	20,120,529	
	12	Investments—other securities See Part IV, line 11	493,263	12	507,742			
	13	Investments—program-related See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			58,200	15	69,571	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			37,545,228	16	36,304,764	
	17	Accounts payable and accrued expenses .	1,587,434	17	1,517,813			
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities			2,543,837	20	2,387,274	
Sə	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ėį"		persons Complete Part II of Schedule L				22		
_	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D			1,168,086	25	1,157,097	
	26	Total liabilities. Add lines 17 through 25			5,299,357	26	5,062,184	
5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e li	nes 27				
ě.		through 29, and lines 33 and 34.						
an an	27	Unrestricted net assets			23,994,836	27	26,713,159	
89	28	Temporarily restricted net assets			8,065,600	28	4,343,986	
Fund Balance	29	Permanently restricted net assets		185,435	29	185,435		
Fui		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	plete				
oľ.		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds	•			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances			32,245,871	33	31,242,580	
	34	Total liabilities and net assets/fund balances	37,545,228	34	36,304,764			

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

OMB No 1545-004

2000

2003

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

The Union of Concerned Scientists Inc

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

04-2535767

									04-233370			
	rt I			olic Charity Stat						structions		
he d	organı	zation is	not a private	foundation because	eitis (Forlin	nes 1 throu	gh 11, check	only one box)			
1	Г	A churc	h, conventic	on of churches, or as	sociation of o	churches s	ection 170(b)	(1)(A)(i).				
2	Г	A schoo	l described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu	le E)					
3	Γ	A hospi	tal or a coop	erative hospital serv	vice organiza	ition descri	bed in sectior	170(b)(1)(A	\)(iii).			
4	Γ			organization operate y, and state	ed in conjunc	tion with a	hospital desc	rıbed ın secti o	on 170(b)(1)(A)(iii). Ent	er the	
5	Г	_	· ·	rated for the benefit	_	or universit	y owned or op	erated by a g	jovernmenta	l unit descri	 ped in	
		section	170(b)(1)(<i>t</i>	\)(iv). (Complete Pa	rt II)							
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	⊽	describe	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)									
8	Г			described in section)(vi) (Com	plete Part II)				
9				t normally receives					tions, memb	ership fees,	and gro	SS
	•	_		ties related to its ex	• •				•	, ,	-	
				ss investment incom	-	_		-				
			_	anızatıon after June 3				-		,		
10					d exclusively to test for public safety See section 509(a)(4).							
L1	Γ	An orga one or n the box	nization orga nore publicly	anized and operated value supported organizates the type of supported by Type II	exclusively to tions describ orting organiz	for the bene bed in section ation and c	fit of, to perfo on 509(a)(1)	rm the functi or section 50 11e through	ons of, or to 19(a)(2) Se	e section 509)(a)(3).	. Check
f g		other th section If the or check th Since A	an foundatio 509(a)(2) ganization r nis box	x, I certify that the con managers and othe eceived a written de 006, has the organiz	er than one o	r more publ	icly supporte S that it is a T	d organizatio	ns describe	d in section !	509(a)(1) or
			• •	ectly or indirectly co	ntrols, eithei	r alone or to	gether with p	ersons descr	ribed in (ii)		Yes	No
		and (III)	below, the g	overning body of the	the support	ed organiza	tion?		. ,	11g(i	, 	
				r of a person describ						11g(ii	+	
			•	ed entity of a person	` ,		bove?			11g(iii		
h				g information about t							<u></u>	<u> </u>
(i) Name of supported organizatio		te of (ii) (described on col (i) listed in your governing document?		(v) Did you no organizat col (i) o suppo	tify the tion in fyour	(vi Is th organiza col (i) org in the U	ne tion in ganized	Am	(vii) ount of oport?			
				(see instructions))	Yes	No	Yes	No	Yes	No		
											1	
ot a	1							1		+	+	

Support Schedule for Organizations Described in IRC 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.) Part II

	(Complete only if y	ou checkeu the	box on line 5,	7, 01 0 01 Tale 1	.,			
	ection A. Public Support endar year (or fiscal year beginning	1	<u> </u>				$\neg \tau$	
Car	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do no	t 15,100,74	16,873,145	30,806,021	21,188,464	18,359	,545	102,327,918
	include any "unusual grants ")							
2	Tax revenues levied for the							
_	organization's benefit and either							
	paid to or expended on its							
_	behalf The value of services or facilities						$-\!\!\!+$	
3	furnished by a governmental unit							
	to the organization without							
	charge							
4	Total. Add lines 1 through 3	15,100,74	16,873,145	30,806,021	21,188,464	18,359	,545	102,327,918
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly supported organization) included							26,781,350
	on line 1 that exceeds 2% of the							, ,
	amount shown on line 11, column							
	(f)						\dashv	
6	Public Support. Subtract line 5 from line 4							75,546,568
S	ection B. Total Support							
	endar year (or fiscal year	() 2 2 2 5	(1) 2006	() 2227	(1) 2222		\Box	
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	A mounts from line 4	15,100,743	774,598	30,806,021	21,188,464	18,359	,545	102,327,918
8	Gross income from interest,							
	dividends, payments received	609,015	774,598	996,727	455,014	240	,458	3,075,812
	on securities loans, rents, royalties and income from	005,015	774,330	330,727	755,017	240,	730	5,075,012
	similar sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
10	carried on Other income (Explain in Part						+	
10	IV) Do not include gain or loss	210,071	169,558	139,380	144,863	140	,895	813,767
	from the sale of capital	210,071	109,550	139,300	144,003	149,	.093	013,707
	assets						+	
11	Total support (Add lines 7 through 10)							106,217,497
12	Gross receipts from related activit	ies. etc. (See ins	tructions)			12		115,669
13	First Five Years If the Form 990 is		•	I third fourth or t	fifth tay year as a			<u>-</u>
	check this box and stop here	for the organizat		i, tima, ioartii, or i	mith tax year as a	301(0)(3) 0	gamz	▶ □
	·							·
S	ection C. Computation of Pu							
14	Public Support Percentage for 200	19 (line 6 column	(f) divided by line	11 column (f))		14		71 120 %
15	Public Support Percentage for 200	8 Schedule A, P	art II, lıne 14			15		72 130 %
16a	33 1/3% support test—2009. If the	e organization did	d not check the bo	x on line 13, and	line 14 is 33 1/3%	or more, ch	eck t	hıs box
	and stop here. The organization qu	· ·						▶ ▽
b	33 1/3% support test—2008. If th	_			sa, and line 15 is 3	33 1/3% orn	nore,	- -
17a	box and stop here. The organization 10%-facts-and-circumstances test			_	ne 13.16a or16h	and line 14		► I
., .	is 10% or more, and if the organiza		-					
	ın Part IV how the organization me							
_	organization							▶ ┌
Ь	10%-facts-and-circumstances test 15 is 10% or more, and if the orga						ne	
	Explain in Part IV how the organization						blictv	
	supported organization		and an earlie			as a pa		► □
18	Private Foundation If the organiza	tıon dıd not chec	k a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see		
	instructions							▶ ┌

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136063001

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),
then
◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

SeIf thSeIf th	ection 527 organizations Complete e organization answered "Ye ection 501(c)(3) organizations that ection 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or thave filed Form 5768 (election under thave NOT filed Form 5768 (election u s," to Form 990, Part IV, Line 5 (Pr	Form 990-EZ, P section 501(h)) (inder section 501	Part VI, line 47 (Lobbying Complete Part II-A Do not c (h)) Complete Part II-B Do	Activities), then omplete Part II-B not complete Part II-A
	me of the organization			Employer ide	ntıfıcatıon number
THE	e Union of Concerned Scientists Inc			04-253576	7
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 52	7 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politı	cal campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
D	AT D. Commission (Chicago			-1/21	
		ganization is exempt under			<u> </u>
1	·	e tax incurred by the organization un-			\$0
2	·	e tax incurred by organization manag		n 4955	\$0
3	•	ection 4955 tax, did it file Form 472	O for this year?		Yes No
4a	Was a correction made?				☐ Yes ☐ No
b Date	If "Yes," describe in Part IV	ganization is exempt under	saction E01/	c) except section E(11/6\/3\
	-	-			, (c)(3).
1		ended by the filing organization for se			\$
2	exempt funtion activities	rganization's funds contributed to ot	ner organizations	s for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	.0-POL, line 17b ►	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
5	were made For each organizat contributions received that we	nd employer identification number (E ion listed, enter the amount paid fror re promptly and directly delivered to littee (PAC) If additional space is no	n the filing organi a separate politi	ızatıon's funds Also enter cal organızatıon, such as	the amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		İ	1	I	İ

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	and filed Form 5768 ((election
4	_ in the ining organization belongs to	5 ,		
3	Check I if the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	129,861	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	496,333	
c	Total lobbying expenditures (add lines 1a and 1	b)	626,194	
d	Other exempt purpose expenditures		17,431,564	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	18,057,758	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	o	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expendi	tures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount	819,770	958,322	1,000,000	1,000,000	3,778,092
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,667,138
c	Total lobbying expenditures	368,414	438,819	372,049	626,194	1,805,476
d	Grassroots non-taxable amount	204,943	239,581	250,000	250,000	944,524
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,416,786
f	Grassroots lobbying expenditures	75,832	122,065	·	129,861	395,700

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	(a))
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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DLN: 93493136063001

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

F Attaci	i to rollii 990. F See separate ilistructions.		Inspection
me of the organization Union of Concerned Scientists Inc		Emplo	yer identification number
		04-25	35767
	or Advised Funds or Other Similar	Funds o	r Accounts. Complete if the
organization answered "Yes" to For	(a) Donor advised funds	(b	Funds and other accounts
Total number at end of year	(3, 5 1131 221 221 221		,
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and dono funds are the organization's property, subject to	-		Yes No
Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit	,	•	purpose Yes No
tt III Conservation Easements. Comp	plete if the organization answered "Yes	s" to Form	990, Part IV, line 7.
Purpose(s) of conservation easements held by Preservation of land for public use (e g , re Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a easement on the last day of the tax year	creation or pleasure)	facertified	ally importantly land area historic structure servation
easement on the last day of the tax year			Held at the End of the Year
Total number of conservation easements		2a	neid at the End of the Tear
Total acreage restricted by conservation easer	nents	2b	
Number of conservation easements on a certific		2c	
Number of conservation easements included in	• •	2d	
Number of conservation easements modified, ti			
Number of states where property subject to cor Does the organization have a written policy reg enforcement of the conservation easements it l	arding the periodic monitoring, inspection, h		iolations, and Yes No
Staff and volunteer hours devoted to monitoring	g, inspecting and enforcing conservation eas	sements dur	ing the year ▶
A mount of expenses incurred in monitoring, ins	pecting, and enforcing conservation easeme	ents during t	he year ► \$
Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of	section	┌ Yes
In Part XIV, describe how the organization repo balance sheet, and include, if applicable, the te the organization's accounting for conservation	xt of the footnote to the organization's finan easements	cıal stateme	nts that describes
	ections of Art, Historical Treasure ered "Yes" to Form 990, Part IV, line 8.		er Similar Assets.
If the organization elected, as permitted under art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to	s held for public exhibition, education or rese	earch in furt	
If the organization elected, as permitted under historical treasures, or other similar assets hel provide the following amounts relating to these	d for public exhibition, education, or research		•
(i) Revenues included in Form 990, Part VIII,	line 1		► \$
(ii) Assets included in Form 990, Part X			- \$
If the organization received or held works of art following amounts required to be reported unde		s for financi	
Revenues included in Form 990, Part VIII, line	1		▶ \$
. ,			

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	toric	<u>cal Tre</u>	easu	res, or O	<u>the</u>	r Simila	r Asse	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne follo	owing th	nat are	a significa	int u	ise of its co	ollectio	n	
а	Public exhibition		d	Γ	Loan o	rexch	ange progr	ams	;			
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w they	further	the o	rganızatıon	's ex	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	∏ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the c	organiz	ation			es" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	forco	ontribut	ions o	r other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	ble		г		Ī	A mou		
c	Paginning halance							1c		Amot	ınt	
d	Beginning balance Additions during the year						 	1d				
e	Distributions during the year						 	1e				
f	Ending balance						 	16 1f				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	<u>0</u> 212				L		1		Yes	
	-		e ∠1′							,	1 62	1 140
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete i		n and	.woro	d "Vac	" to E	orm gan	Dai	rt IV June	10		
ΓŒ	Endowment Funds. Complete	(a)Current Year)Prior Y			o Years Back		Three Years)Four Y	ears Back
1a	Beginning of year balance	185,435	,		185,435			<u> </u>				
b	Contributions											
c	Investment earnings or losses	-545			-570							
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	185,435			185,435							
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment - 100.000 %											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	and a	dministered	d for	the			
	organization by										Yes	No
	(i) unrelated organizations							٠		3a(i)	Yes	
L	(ii) related organizations					•		•		3a(ii)	<u> </u>	No I
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	·						•		3b		<u> </u>
	t VI Investments—Land, Buildings)(). Pa	rt X. line	10				
	<u> </u>	, and Equipme			Cost or		(b)Cost or o		(c) Accumu	lated		
	Description of investment				s (invest		basis (othe		depreciat		(d) Bo	ok value
1a	Land		•									
b	Buildings		•		6,0	68,156			1,7	51,487		4,316,669
c	Leasehold improvements		•		2	25,805				40,382		185,423
	Equipment		•		1,8	39,500			1,4	26,229		413,271
	Other											
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colui	mn (B,), line	10(c).)				•			4,915,363
									Sched	lule D (I	Form 9	90) 200

Part VII Investments—Other Securities. See (a) Description of security or category			of valuation
(including name of security)	(b)Book value		ear market value
Financial derivatives			
Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		of valuation ear market value
		Cost of end-of-y	real market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. Stion		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. Stion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	, , , , , h	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	, , , , , , , , , , , , , , , , , , ,	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value

Pel	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,669,963
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,322,263
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,652,300
4	Net unrealized gains (losses) on investments	4	649,009
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	649,009
10		10	-1,003,291
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	19,534,212
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	864,249
3	Subtract line 2e from line 1	3	18,669,963
4	A mounts 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		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	18,669,963
Part	XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial	1	20,537,503
2	statements	┝┷┼	
a	Donated services and use of facilities		
b	Prior year adjustments	1	
•	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	89,742
3	Subtract line 2e from line 1	3	20,447,761
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		20,117,701
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	-125,498
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	20,322,263
_	rt XIV Supplemental Information		, , , , , , , , , , , , , , , , , , , ,

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	UCS uses the investment earnings of its endowment funds for the specific purposes designated by the donors inclduing scientific research, new initiatives, activist and media outreach
Part XII, Line 2d - Other Adjustments		Rental Expense Reported in Part VIII, Line 6b 125498
Part XIII, Line 4b - Other Adjustments		Rental Expense Reported in Part VIII, Line 6b -125498

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SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

3

licensing

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization The Union of Concerned Scie	ntists Inc				Employer iden	tification number	
					04-2535767		
	Activities. Complet lers are not require			tion answered "Yes" t is part.	o Form 990, Part IV,	, line 17.	
1 Indicate whether the or	ganızatıon raısed funds	through	any of the	following activities Che	ck all that apply		
a 🔽 Mail solicitations			е	Solicitation of non	-government grants		
b Γ Internet and e-mail	solicitations		f	☐ Solicitation of gov	ernment grants		
c 🔽 Phone solicitations			g	☐ Special fundraisin	g events		
d In-person solicitation	ons						
or key employees listed b If "Yes," list the ten hig	l in Form 990, Part VII hest paid individuals o	() or entity r entities	vin conne (fundraise Form 99 Did er have dy or ol of	dividual (including officer ection with professional f ers) pursuant to agreeme 0-EZ filers are not requi (iv) Gross receipts from activity	undraising activities? ints under which the fun		
		Yes	No				
Mal Warwick	Consults on direct mail program		No	2,464,723	74,321	2,390,402	
Share Group Inc	Consults on direct mail program		No	129,752	151,760	-22,008	
Total				2,594,475	226,081	2,368,394	
				, , , , , , ,	,	,,-	

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

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) To	otal Eve ol (a) th ol (c))	
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Ses	5 6	Non-cash prizes				+		
Expenses	7	Food and beverages						
Direct B	8	Entertainment						
ឨ	9	Other direct expenses .				<u> </u>		
	10 11	Direct expense summary Add line Net income summary Combine lii			. 			
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I (a) th ol (c))	
	1 (Gross revenue						
Ses	2 (Cash prizes				<u> </u>		
Expenses	s 1	Non-cash prizes				<u> </u>		
Direct E	4 F	Rent/facility costs						
<u></u>	5 (Other direct expenses						
	6 \	Volunteer labor	∀es	│	Г Yes			
		Direct expense summary Add lines			.			
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> . .</u>		Yes	No
9 a	Is th	er the state(s) in which the organiza ne organization licensed to operate				· 9a		
b		lo," Explain				_		
10a b		e any of the organization's gaming l es," Explain	ıcenses revoked, suspe	nded or terminated during	the tax year?	10a	3	
11		s the organization operate gaming a					. _	
12		ne organization a grantor, beneficia ied to administer charitable gaming				. .,		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493136063001

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

The	Union of Concerned Scientists Inc	04-2535767				
Pa	rt I Questions Regarding Compensation					
				Yes	Νo	
1a		vided any of the following to or for a person listed in Form to provide any relevant information regarding these items				
	First-class or charter travel	Housing allowance or residence for personal use				
	Travel for companions	Payments for business use of personal residence				
	Tax idemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the orgenisement orprovision of all the expenses descr	ganization follow a written policy regarding payment or ribed above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?					
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee					
	✓ Independent compensation consultant	Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, For a related organization	Part VII, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control	payment?	4a		Νo	
Ь	Participate in, or receive payment from, a supplemen	ntal nonqualified retirement plan?	4b		Νo	
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only mu	st complete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any				
а	The organization?		5a		Νo	
b	Any related organization?		5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any				
а	The organization?		6a		Νo	
b	Any related organization?		6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		7		N o	
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					
	ın Part III		8		Νo	
9	If "Yes" to line 8, did the organization also follow the	rebuttable presumption procedure described in Regulations	1	l		

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Kevin T Knobloch	(I) (II)	200,126 0	0	0 0	0 0	30,489 0	230,615 0	229,056
Kathleen Rest	(I)	167,248 0	0 0	0 0	0 0	19,656 0	186,904 0	184,209
David Whalen	(ı) (ıı)	190,066 0	0	0	0	16,669 0	206,735	178,822
Alden M Meyer	(ı) (ıı)	139,182 0	0	0	0	20,266 0	159,448 0	153,759
Lance P Pierce	(ı) (ıı)	125,868 0	0	0	0	24,718 0	150,586 0	135,890

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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DLN: 93493136063001

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number The Union of Concerned Scientists Inc 04-2535767 **Bond Issues** (h) O n (g) Defeased Behalf of (f) Description of Purpose (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price Issuer Yes No Yes No Massachusetts Health & To refinance, make renovations 3,825,000 and improvements, and to Educational Facilities Authority 04-2456011 None A vail 07-20-2001 Χ Χ purchase equipment Part II **Proceeds** Α В С D Ε Total proceeds of issue Gross proceeds in reserve funds 2 Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Year of substantial completion Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? Х Were the bonds issued as part of an advance refunding issue? Х 10 Has the final allocation of proceeds been made? Χ 11

final allocation of proceeds? Part III Private Business Use

Schedule K

(Form 990)

Department of the Treasury

		A		В		С		D			E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		×								

Χ

Does the organization maintain adequate books and records to support the

Were any gross proceeds invested beyond an available

Did the bond issue qualify for an exception to rebate?

5

6

temporary period?

Par	t III Private Business Use (Continued)												
	· ·		P	1	E	3		С		D		E	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts with respect to financed property which may result in private business use?	the		Х									
3b	Are there any research agreements with respect to the financed which may result in private business use?	l property		Х									
3с	Does the organization routinely engage bond counsel or other or counsel to review any management or service contracts or rese agreements relating to the financed property?			Х									
4	Enter the percentage of financed property used in a private busi by entities other than a section 501(c)(3) organization or a stat government												
5	Enter the percentage of financed property used in a private busi as a result of unrelated trade or business activity carried on by organization, another section 501(c)(3) organization, or a state government	your											
6	Total of lines 4 and 5												
7	Has the organization adopted management practices and procee ensure the post-issuance compliance of its tax-exempt bond lia			Х									
Pa	rt IV Arbitrage			_									
		Į.	١		В		С		D		E	<u> </u>	
		Yes	No	Yes	No	Ye:	s	No	Yes	No	Yes	No	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x										
2	Is the bond issue a variable rate issue?		Х										
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х										_

_		1 ^					1
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	x					
ь	Name of provider						
С	Term of hedge						
4a	Were gross proceeds invested in a GIC?	Х					
ь	Name of provider						
С	Term of GIC						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?						

Χ

Χ

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization The Union of Concerned Scientists Inc

Employer identification number

04-2535767

Ра	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
_	Cars and other vehicles							
	•							
8	Intellectual property							
9	Securities—Publicly traded .	X	56	179,162	FMV			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
	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 .							
	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ►()							
	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29		Yes	No No
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I. lines	1-28 that it			
	must hold for at least three year							
	for exempt purposes for the entire					30a		No
b	If "Yes," describe the arrangeme					Joa		
31	Does the organization have a gif	t acceptano	e policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e thırd partı	es or related organizations	to solicit, process, or sell i	non-cash	32a		N o
	If "Yes," describe in Part II If the organization did not report describe in Part II	revenues ı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 04-2535767

Name: The Union of Concerned Scientists Inc

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As Filed Data -

DLN: 93493136063001

OMB No 1545-0047

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990.

Inspection
Employer identification number

04-2535767

Name of the organization The Union of Concerned Scientists Inc

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The completed 990 is reviewed and discussed by the Audit Committee of the Board prior to filing

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Affected persons (staff and Board) complete and submit the conflict of interest statement on an annual basis at the beginning of each fiscal year. This does not obviate the need to disclose potential conflicts that may arise in the interim. All forms are reviewed by the Director of Finance and Administration. Any potential conflicts are reviewed by the UCS President who determines whether a conflict exists and is material. If a matter is material, the President will bring it to the attention of the Board Chair. If the UCS President has the conflict, he or she would disclose the matter to the Board Chair directly. Disclosure involving Board members is made to the Board Chair (or if the conflict involves the Board Chair, to the Board Treasurer) who brings these matters, if material, to the Board. The Board determines whether a conflict exists and is material, and in the presence of an existing material conflict, whether the contemplated transaction may be authorized as just, fair, and reasonable to UCS.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The UCS policy is that the Finance Committee of the Board be informed of the performance based recommendations for salary for key employees in the context of market information and our merit increase system. The purpose of this policy is to provide transparency and compliance with various legal standards for non-profit management. The President's salary is set after an annual merit review, by the Chair of the Board in consultation with the Treasurer and/or other Board members, as the Chair sees fit. The salaries for other key employees are set, after the annual merit review, by the management team. All salaries are set in the context of market information and our merit increase system. All salaries of key employees are reviewed by the Compensation Committee of the Board.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The governing documents, conflict of interest policy, and financial statements are made available through the organization's website. The public can also access the financial statements through the "Guidestar" website (http://www2.guidestar.org/)

ldentifier	Return Reference	Explanation
		The audited financial statements are reviewed and discussed by the Audit Committee of the Board

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DLN: 93493136063001

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury

nternal Revenue Service							Sequence No 67
Name(s) shown on return		Business or a	ctivity to which	this form relate	s	Ident if y	ing number
The Union of Concerned	Scientists Inc	Form 990 Pag	ge 10			04-2535	5767
Part I Election	To Expense (Certain Property Un	•	179	<u> </u>		
		isted property, comple			lete Part	I.	
1 Maximum amount Se	e the instructions	s for a higher limit for cert	taın busınesses			. 1	250,000
2 Total cost of section	179 property plac	ced in service (see instru	ctions) .			. 2	
3 Threshold cost of sec	tion 179 property	y before reduction in limit	atıon (see ınstr	uctions) .		. 3	800,000
4 Reduction in limitation	n Subtract line 3	from line 2 If zero or les	s, enter - 0 -			. 4	
5 Dollar limitation for to	ax year Subtract	line 4 from line 1 If zero	or less, enter - (0- If married fili	ıng		
separately, see instri	uctions					. 5	
6 (a)) Description of pr	roperty		(business use	(c) Elec	ted cost	t
				only)	(0) = 10		·
6							_
7 Listed property Ente	rtho amount for-			-			ᆛ
,				. 7		1 -	\dashv
		erty Add amounts in colu	umn (c), lines 6	and /		. 8	
9 Tentative deduction						. 9	
· ·		n line 13 of your 2008 Foi				. 10	
		f business income (not less that				. 11	<u> </u>
12 Section 179 expense	deduction Add I	ines 9 and 10, but do not	enter more tha	n line 11 ·		. 12	!
		010 Add lines 9 and 10,		. 13			
		below for listed proper					
	-	Allowance and Othe					rty) (See instructions)
14 Special depreciation tax year (see instruc		lified property (other than	listed property) placed in servi	ice during		-
						14	
15 Property subject to s		election				15	
16 Other depreciation (i						. 16	<u> </u>
Part III MACRS D	epreciation (I	Do not include listed p	oroperty.) (Se ection A	e instructions	5.)		
17 MACRS deductions for	or assets placed i	n service in tax years be		009		. 17	333,572
		issets placed in service			no or m		
general asset acco			_	•			
		re Service During 200		 Using the Ga			iation System
Section B As		(c) Basis for	l lax lear			осрі сс	Tation System
(a) Classification of	(b) Month and	depreciation	(d) Recovery				(g)Depreciation
property	year placed in		period	(e) Convention	n (f) M	ethod	deduction
	service	use only—see instructions)					
19a 3-year property		,,	3 0	S/L	S	/L	17,653
b 5-year property			5 0	S/L	S		599
c 7 - year property			7 0	S/L	S		146
d 10-year property			100	S/L	S	/L	104
e 15-year property			15 0	S/L	S	/L	731
f 20-year property							
g 25-year property			25 yrs		S/		
h Residential rental			27 5 yrs	ММ	S/		
property	+		27 5 yrs	MM	S/		
i Nonresidential real		-	39 yrs	MM	S/		+
property	<u> </u>		<u> </u>	MM	S/		
	ion C—Assets Plac	ced in Service During 2009	ים iax Year Using	g the Alternativ			it em
20a Class life b 12-year	\dashv		12 yrc		S		+
c 40-year	+		12 yrs 40 yrs	MM		/L /L	+
C TO-year	1	l l	1 70 yıs	I PIPE	J 5	, _	I
lon-Res Prop Type 1 co	unt O Non-Res Pi	rop Type 2 count 0 Non-	Res Prop Totals	s count 0			
Part IV Summa	ı ry (see ınstruc	tions)					
22 Total. Add amounts f	rom line 12, lines	14 through 17, lines 19	and 20 in colum	nn (g), and line 2	21 Enter h	nere	
						1 77	352.805

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

23

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

compl	ete only	24a, 24b, colui	mns (a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Deprec																
24a Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ _{No}			24b If	"Yes," ı	s the ev	/ idence	written?		sГNo)
										1						
(a) Type of property (list Distorbicles first)	(b) Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	ther	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		(g) Method/ conventio		(h Deprec dedud	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busine			olaced in s	service (during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ss use													
		%							S/L	-						
		%							S/L]		
20 0 dd		%	7 5-4			21		4	S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr				mation	·	· ·	• Va	· biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
30 Total business/inve		-	the _	-	a) icle 1	V e hı	•	V	(c) ehic		V e h i	d) cle 4	V ehı	-	V e hı	f) cle 6
31 Total commuting m	ıles drıven	during the year	. -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			· _													
34 Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
35 Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
36 Is another vehicle a	avaılable f	or personal use?														
Section Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
37 Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
38 Do you maintain a vemployees? See the																
39 Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
41 Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		· 		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
42 A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
43 A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . .

44

Additional Data

Software ID: Software Version:

EIN: 04-2535767

Name: The Union of Concerned Scientists Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other prograr	n services			
(Code) (Expenses \$	7,237,384 including grants of \$) (Revenue \$)

Clean energy program examines the benefits and costs of the country's energy use and promotes energy solutions that are environmentally sound and cost effective Food and environment program works to protect human health and the environment from harmful food production practices through scientific research and analysis, dissemination of information to the public and policymakers, and advocacy Legislative - Appearances before Congressional committees, as well as meeting with individual Congressmen and writing, printing, and mailing of legislative alerts to UCS sponsors Scientific Integrity program works to restore scientific integrity to federal policymaking through dissemination of information to the public, to scientists, and to policymakers Scientific Integrity program also works to protect ecosystems from harmful invasive species

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A) Name and Title	(B) Average hours		((tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Kurt Gottfried Chair/Director	5 00	Х		х				0	0	0
Peter A Bradford Vice Chair/Director	1 00	Х		х				0	0	0
James S Hoyte Treasurer/Dırector	5 00	Х		х				0	0	0
Thomas H Stone Secretary	1 00	Х		х				0	0	0
Thomas Eisner Director	1 00	Х						0	0	0
James A Fay Board Member Emeritus	1 00	X						0	0	0
Richard L Garwin Director	1 00	X						0	0	0
Andrew J Gunther Director	1 00	X						0	0	0
Geoffrey M Heal Director	1 00	Х						0	0	0
Anne Kapuscinski Director	1 00	Х						0	0	0
James J McCarthy Director	1 00	X						0	0	0
Marıo J Molina Director	1 00	X						0	0	0
Stuart L Pımm Dırector	1 00	X						0	0	0
Louis Salkind Director	1 00	Х						0	0	0
A dele Sımmons Dırector	1 00	Х						0	0	0
Nancy Stephens Dırector	1 00	Х						0	0	0
Ellyn R Weiss Director	1 00	Х						0	0	0
Jessica Matthews Director	1 00	Х						0	0	0
Edward L Miles Director	1 00	Х						0	0	0
Fran Ulmer Dırector	1 00	Х						0	0	0
Kevin T Knobloch President	40 00			х				200,126	0	30,489
Kathleen Rest Executive Director	40 00				Х			167,248	0	19,656
David Whalen Chief Development Officer	40 00				х			190,066	0	16,669
Cheryl Schaffer Dırector of Fınance & Admı	40 00					х		130,710	0	16,613
Alden M Meyer Dırector of Strategy & Pol	40 00					×		139,182	0	20,266

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Lance P Pierce Dir of Climate & Energy P	40 00					Х		125,868	0	24,718
Margaret G Mellon Dır of Food & Environment	40 00					Х		118,429	0	12,834
Peter Frumhoff Dir of Science & Policy	40 00					х		117,184	0	23,697

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Printing and Publicatio	629,586	600,932	147	28,507
Postage and Freight	495,872	414,063	1,079	80,730
Event Expense	446,534	291,114	4,888	150,532
List and Mailing Expen	279,689	154,734	0	124,955
Equipment Rental and Ma	203,833	187,577	2,636	13,620