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DLN: 93493272001021

Form **990**

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)

2010

OMB No 1545-0047

Open to Public

Department of the Treasury

	C Name of organization CDA COLLABORATIVE LEARNING PROJECTS INC Doing Business As Number and street (or P O box if mail is not delivered to street address) 17 DUNSTER STREET Teturn City or town, state or country, and ZIP + 4 CAMBRIDGE, MA 02138	Room/suite H(a) Is this a g	56-23390 E Telephone (617) 661	dentification number
Address cha Name chan Initial return Terminated Amended re Application Tax-exemi	Doing Business As Number and street (or P O box if mail is not delivered to street address) 17 DUNSTER STREET City or town, state or country, and ZIP + 4 CAMBRIDGE, MA 02138 F Name and address of principal officer STEPHEN R DARVILL 17 DUNSTER STREET		E Telephone (617) 661)52
Initial return Terminated Amended re Application Tax-exemi	Number and street (or P O box if mail is not delivered to street address) 17 DUNSTER STREET City or town, state or country, and ZIP + 4 CAMBRIDGE, MA 02138 F Name and address of principal officer STEPHEN R DARVILL 17 DUNSTER STREET		(617) 661	
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Tax-exemp	F Name and address of principal officer STEPHEN R DARVILL 17 DUNSTER STREET	H(a) Is this a g	• Gross receip	ts \$ 1,194,951
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Website	17 DUNSTER STREET	(-) 13 till3 a g	roup return for affile	ates? Ves VNo
Website			roup recurrior anni	aces (res) No
Website			ffiliates included	
Website	L	_	" attach a list exemption ni	(see instructions)
	pt status	H(c) Group	exemption in	umber F
	::► WWW CDAINC COM			
Form of org	Janization	L Year of form	nation 2003 I	M State of legal domicile M
Part I	Summary	ı		
T R	Briefly describe the organization's mission or most significant activities THE AGENCY WORKS DIRECTLY WITH HUMANITARIAN AND DEVELOPMEN RESOLUTION ORGANIZATIONS, MULTINATIONAL CORPORATIONS AND D CONFLICTED AREAS OF THE WORLD			
-				
	Check this box 🔭 if the organization discontinued its operations or disposed of	more than 25	1	1
,	Number of voting members of the governing body (Part VI, line 1a)		3	
4 1	Number of independent voting members of the governing body (Part VI, line 1b) Fotal number of individuals employed in calendar year 2010 (Part V, line 2a).		5	1
6 7	Total number of volunteers (estimate if necessary)	• •	6	1
• • •	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
	Net unrelated business taxable income from Form 990-T, line 34		7b	
		Prior	Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		1,962,941	886,436
<u>₽</u> 9	Program service revenue (Part VIII, line 2g)		358,363	306,404
9 10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21,856	2,11:
T 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			(
1 4 ~	Total rayanus and lines 0 through 11 (must agual Dart VIII solumn (A.) line			
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,343,160	1,194,95
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		2,343,160	1,194,95
	12)		2,343,160	
13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-			(
13 14 15	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		998,321	790,347
13 14 15	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)			(
13 14 15 \$\frac{1}{2}\$ 16a b	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		998,321	790,347
13 14 15 第 第 16a 上 17	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		998,321	790,347
13 14 15 \$\frac{1}{2}\text{16a}\$ \$\frac{1}{2}\text{17}\$ 18	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		998,321 1,416,406 2,414,727	790,347 (0 370,936 1,161,283
13 14 15 \$\frac{1}{4}\$ 16a \$\frac{1}{4}\$ b 17 18 19	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	Beginning	998,321 1,416,406 2,414,727 -71,567	370,936 1,161,283
13 14 15 \$\frac{1}{2}\$ 16a \$\frac{1}{2}\$ b 17 18 19	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12		998,321 1,416,406 2,414,727 -71,567 of Current ar	370,936 1,161,283 33,668
13 14 15 \$\frac{1}{2}\$ 16a \$\frac{1}{2}\$ b 17 18 19	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning	998,321 1,416,406 2,414,727 -71,567 of Current ar 219,542	790,347 370,936 1,161,283 33,668 End of Year
13 14 15 995(a) 16a b 17 18 19	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	Beginning	998,321 1,416,406 2,414,727 -71,567 of Current ar	370,936 1,161,283 33,668

Par	Check if Schedule C		ce Accomplishmen			.
1	Briefly describe the organ	ızatıon's mıssıon				
THE	AGENCY WORKS DIRECTL	Y WITH				
2	Did the organization under the prior Form 990 or 990	-EZ?		•		√ Yes √ No
	If "Yes," describe these ne	w services on Sc	hedule O			
3	Did the organization cease services?				, any program	┌ Yes ┌ No
	If "Yes," describe these ch	anges on Schedu	le O			
4	Describe the exempt purpo Section 501(c)(3) and 503 allocations to others, the t	1 (c)(4) organızatı	ons and section 4947(a)(1) trusts are req	uired to report the amo	•
4a	(Code)	(Expenses \$	330,582 including g	rants of \$) (Revenue \$	451,560)
	THE REFLECTING ON PEACE PE CONFLICT RPP EMPLOYEES AN AT THE INDIVIDUAL PROGRAM	ID CONSULTANTS WO	RK DIRECTLY WITH INTERNA	TIONAL AGENCIES IN (g and mitigating violent orld to analyze experience
4b	(Code	(Expenses \$	234,291 including g	rants of \$) (Revenue \$	289,425)
70	THE DO NO HARM PROJECT (D	NH) - WAS ESTABLIS TO IMPROVE THE OU WORLD FROM THES	HED TO ANALYZE VARIOUS HI TCOMES THE DNH PROJECT SE CASE STUDIES AND WORK	JMANITARIAN AND DEV CONDUCTS FIELD-BAS SHOPS, FRAMEWORKS	ELOPMENTAL ASSISTANCE T ED CASE STUDIES AND FEE WERE DESIGNED, IMPLEME	FECHNIQUES IN AREAS FACING
4c	(Code)	(Expenses \$	ıncludıng gı	ants of \$) (Revenue \$)
4d	Other program services	(Describe in Sch	edule O) See also Addit	ional Data for Desc	ription	
	(Expenses \$	•	uding grants of \$		Revenue \$	453,823)
 4е	Total program service exp		915,738			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	990 (2010)			Page •
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		Νo
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		No
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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		Νο
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		No
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			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
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	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 13			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
L	year?	3a 3b		N o
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3D		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		
L	account)?	44		N o
b	If "Yes," enter the name of the foreign country			
	See instructions for ming requirements for Form FB F 50 22 1, Report of Foreign Bunk and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νο
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?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		 N o
va	organization solicit any contributions that were not tax deductible?	Va		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible?	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Dod the comment of the description of the descripti			
e	Did the organization 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		Νο
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
h	required?	79		
	Form 1098-C?	7h		
8	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		Νo
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νο
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	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 10b			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of recommend the arrange of the second to			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
1 <i>4</i> >	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed►MA			
18				
	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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization DEBORAH ZAWALICH TREASURER
 17 DUNSTER ST SUITE 202

CAMBRIDGE, MA 021385002 (617) 661-6310

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organiz	•	lated or	ganı	zatio	ncc	mpen	sate	d any current office	r, director, or trust	ee
(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 (describe hours for related organizations in Schedule O)	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
(1) STEPHEN R DARVILL EXECUTIVE DIRECTOR & CLERK	40 00	х		х				114,583	0	0
(2) J MARSHALL WALLACE COO, STEPS & DNH DIRECTOR	40 00	х		х				91,091	0	0
(3) LARRY MINEAR DIRECTOR	0 00	Х						0	0	0
(4) DEBORAH ZAWALICH TREASURER	40 00	Х		х				91,091	0	0
(5) ROMA MAYUR DIRECTOR	0 00	х						0	0	0
(6) JONATHAN MOORE DIRECTOR	0 00	Х						0	0	0
(7) DONALD REMICK DIRECTOR	0 00	Х						0	0	0
(8) PETER WOODROW CO-PROJECT DIRECTOR	40 00					х		103,303	0	0

\$100,000 in compensation from the organization 🕨

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

	(A) Name and Title	(B) Average hours per	erage Position (check all urs that apply) co						·		(E) Reportable compensation from related		(F) Estimat amount of compensa		
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (2/1099-MIS	[W- or	omiretated rganizations W- 2/1099- MISC)				
								<u> </u>							
1b	Sub-Total						· ·					_			
c d	Total (add lines 1b and 1c)						•	-	400,0	068					
2	Total number of individuals (in \$100,000 in reportable compe	cluding but not lir	nited to	thos	e lıs) who	received more	than					
													Yes	No	
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete S					еу е •	mploy •	ee, o	r highest comp	ensated	employee •	3		No	
4	For any individual listed on line organization and related organ individual										n the	4		No	
5	Did any person listed on line 1 services rendered to the organ										ividual for	5		No	
Se	ection B. Independent Co	ntractors													
1	Complete this table for your five \$100,000 of compensation from	e highest compe		ndep	ende	ent o	ontra	ctors	that received	more tha	n				
		(A) ame and business ad									3) of services		(C Comper		

Form 9							Pa	age 9
Part V	V 1111	Statement of Reven	ie		(A) Total revenue	(B) Related or exempt function revenue		excluded from tax under sections
								512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	. 1c . 1d . 1e . and 1f . nes 1a-1f \$	886,436	886,436			314
	n	Total. Add lines 1a-11		Business Code	000,130			
Program Serwce Revenue	2a b c d	CONTRACT INCOME		611710	306,404			
Program S		All other program service rev			306,404			
	3 4 5	Investment income (including and other similar amounts) Income from investment of tax-exercises.	empt bond proceeds		2,111			2,111
	b c	Gross Rents Less rental expenses Rental income or (loss)	(ı) Real	(II) Personal				
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(I) Securities	(II) O ther				
		Net gain or (loss)						
Other Revenue	8a	Gross income from fundraising (not including) \$ of contributions reported on See Part IV, line 18	line 1c)					
₹	С	Less direct expenses Net income or (loss) from fur Gross income from gaming a		a				
	С	Net income or (loss) from ga Gross sales of inventory, les		b				
		Less cost of goods sold . Net income or (loss) from sa	_					
	11a b			Business Code				
	d	I All other revenue						
	12	Total revenue. See Instruction	ons		1 104 051	206 404		2 111

	990 (2010)				Page 10
Par	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c			(D)	
Do no	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		ехрепяез	general expenses	ехрепвев
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	296,765	255,630	41,135	0
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	416,646	413,802	2,844	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	18,454	14,416	4,038	0
10	Payroll taxes	58,482	54,228	4,254	0
а	Fees for services (non-employees) Management				
Ь	Legal	200	0	200	0
c	Accounting	20,300	0	20,300	0
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	3,643	0	3,643	0
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	69,051	0	69,051	0
17	Travel	37,471		13,435	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			25,125	
19	Conferences, conventions, and meetings	99,901	99,901	0	0
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,092	0	10,092	0
23	Insurance	7,851	0	7,851	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	BOOKKEEPING SERVICES	22,612	0	22,612	0
b	CONSULTING	53,725	53,725	0	0
c	TELEPHONE	4,649	0	4,649	0
d	BANK CHARGES	1,148	0	1,148	0
е	OFFICE EXPENSE	40,293	0	40,293	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,161,283	915,738	245,545	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 14,588 1 Cash—non-interest-bearing 169,428 460.742 2 Savings and temporary cash investments 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 11,355 9 13,403 10a Land, buildings, and equipment cost or other basis Complete Part 93,585 10a VI of Schedule D 10b 78.223 ь Less accumulated depreciation 25.454 10c 15.362 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 13,305 3,596 15 15 16 219,542 16 507,691 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 48.915 17 35,211 17 Accounts payable and accrued expenses . 18 18 93.394 19 19 361,579 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 142,309 396.790 26 **Total liabilities.** Add lines 17 through 25 . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 77,233 27 110,901 Temporarily restricted net assets 28 28 Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 77,233 33 110,901 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 219.542 507,691 34

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,1	194,95
2	Total expenses (must equal Part IX, column (A), line 25)	2			161,28
3	Revenue less expenses Subtract line 2 from line 1	3			33,66
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			77,23
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1	110,90
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			∀	
				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		No
ь	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		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	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 reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

CDA COLLABORATIVE LEARNING PROJECTS 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.

Reason for Public Charity Status (All organizations must complete this part.) See instructions

Public Charity Status and Public Support

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

56-2339052

The	organı	ızatıon ıs	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	x)			
1	Γ		•	on of churches, or as				ection 170(b)(1)(A)(i).			
2	Г	A scho	ol described	I in section 170(b)(1	.)(A)(ii). (Att	tach Schedu	le E)					
3	Γ	A hosp	ıtal or a coo	perative hospital sei	rvice organiz	atıon descri	bed in sectio	n 170(b)(1)	(A)(iii).			
4	Γ			n organization operat ty, and state	ed in conjun	ction with a	hospital desc	rıbed ın sec	tion 170(b)(1	L)(A)(iii). E	Enter the	
5	Γ	An orga	anızatıon op	erated for the benefit	t of a college	or universit	y owned or o	perated by a	government	al unit desc	rıbed ın	
		section	170(b)(1)(A)(iv). (Complete P	art II)							
6	Γ	A feder	al, state, or	local government or	government	al unit desci	ribed in secti	on 170(b)(1)(A)(v).			
7	<u>~</u>	describ	ed in	at normally receives A)(vi) (Complete P		l part of its s	support from	a governme	ntal unit or fr	om the gen	eral public	
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)										
9	Г			at normally receives					outions, mem	bership fee	s, and gross	
		receipt	s from activ	ities related to its ex	kempt functio	ons—subject	to certain ex	ceptions, a	nd (2) no mor	e than 331	/3% of	
				oss investment inco								
			_	janization after June				-		•		
10	Г			janized and operated								
11				, ganized and operated						carry out	the purposes of	
		the box		y supported organizations the type of supp b Type I.	ortıng organı	ı <u>za</u> tıon and c		s 11e throu	gh 11h	_	609(a)(3). Check e III - Other	
е	Γ	other th		ox, I certify that the on managers and oth								
f				received a written de	etermination	from the IRS	5 that it is a ⁻	Гуре I, Тур	II or Type I	II supportı	ng organization,	
			this box	2006, has the organi	zation accon	tod any dift	or contributi	on from any	of the		ı	
g			ig persons?	1000, has the organi	zation accep	ited any gnt	or contribution	on nom any	or the			
			• .	rectly or indirectly c	ontrols, eithe	eralone orto	gether with p	oersons des	crıbed ın (ıı)		Yes No	
		and (III)) below, the	governing body of th	e the suppor	ted organiza	tion?			110	J(i)	
		(ii) a fa	mily membe	er of a person descri	bed ın (ı) abo	ve?				11g	(ii)	
		(iii) a 3	5% control	led entity of a persoi	n described i	n (ı) or (ıı) a	bove?			11g	(iii)	
h		Provide	the followir	ng information about	the supporte	ed organizati	on(s)					
	(i) Name suppo rganız	e of orted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizat col (i) orga	e ion in anized	(vii) A mount of support	
				instructions))	Yes	No	Yes	No	Yes	No		
Tota												

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. If the	e organization ra	alls to quality u	nder the tests i	isted below, pie	ase co	mpiete i	art III.)
	ection A. Public Support endar year (or fiscal year beginning	1			Г			
Cale	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,223,810	1,227,514	1,273,741	1,910,355		886,436	6,521,856
2	grants ") Tax revenues levied for the organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities							
,	furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions	1,223,810	1,227,514	1,273,741	1,910,355		886,436	6,521,856
,	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							
6	(f) Public Support. Subtract line 5 from line 4	ו						6,521,856
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
7	A mounts from line 4	1,223,810	1,227,514	1,273,741	1,910,355		886,436	6,521,856
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,787	36,503	11,362	1,772		2,111	96,535
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	144,321	165,322	-183,920	20,084			145,807
11	Total support (Add lines 7 through 10)					_		6,764,198
12	Gross receipts from related activiti	ies, etc (See instr	ructions)			12		
13	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second,	thırd, fourth, or fı	fth tax year as a 5	501(c)(3	3) organız	ation, ▶
Se	ection C. Computation of Pul	blic Support Po	ercentage					
14	Public Support Percentage for 201			11 column (f))		14		96 420 %
15	Public Support Percentage for 200	•	•		4.4 22.4/00/	15	<u> </u>	96 300 %
	33 1/3% support test—2010. If the and stop here. The organization que	alıfıes as a publıcl	y supported orga	nızatıon				▶ ✓
	33 1/3% support test—2009. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization medorganization	n qualifies as a pu — 2010. If the orga tion meets the "fa	blicly supported nization did not c cts and circumst	organization heck a box on lin ances" test, chec	e 13, 16a, or 16b k this box and st o	and line	e 14 Explain	▶ ┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organization Explain in Part IV how the organization	nızatıon meets the	"facts and circu	mstances" test, c	heck this box and	stop he	ere.	▶ □
18	Private Foundation If the organizationstructions	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and	see	., ▶ □

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

(Complete only if	you checked the box	k on line 9 of Part	I or if the org-	anızatıon faıled to	qualify under
Part II. If the organic	anization fails to qua	lify under the test	s listed below.	please complete	Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do no	t					
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in	n					
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that	t					
	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 t the organization without charge	.0					
6	Total. Add lines 1 through 5						
	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
_	persons	.					
ь	A mounts included on lines 2 and 3 received from other than	3					
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the	e					
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public Support (Subtract line 7c from line 6)						
Se	ection B. Total Support		l			I	
	ndar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	ın)	(u) 2000	(6) 2007	(0) 2000	(4) 2003	(6) 2010	(1) 1 otal
9	A mounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
b	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capıtal assets (Explaın ın Part IV)						
13	Total support (Add lines 9, 10c,						
	11 and 12)						
14	First Five Years If the Form 990 is	for the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as	a section501(c	
	check this box and stop here						▶-
Se	ection C. Computation of Pul	blic Support P	ercentage				_
15	Public Support Percentage for 201			13 column (f))		15	0 %
16	Public support percentage from 20	•		(//			<u> </u>
10	. abile support percentage nom 20	, o y ochledale A , F	arciii, iiile 15			16	
Ç	ection D. Computation of Inv	vestment Inco	me Percenta	ne .			
<u> </u>	Investment income percentage for				n (f))	17	0 %
	Investment income percentage for	•		-	//		0 %
18					41	18	
19a	33 1/3% support tests—2010. If the more than 33 1/3%, check this box	=		•		tnan 33 1/3% a	na line 17 is not

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

OTHER INCOME PART II, LINE 10; DESCRIPTION: GAIN ON FOREIGN CURRENCY TRANSACTIONS; 2006: 144321.; 2007: 165322.; 2008: -183920.; 2009: 20084.;

OTHER INCOME PART II, LINE 10; DESCRIPTION: GAIN ON FOREIGN CURRENCY TRANSACTIONS; 2006: 144321.; 2007: 165322.; 2008: -183920.; 2009: 20084.;

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493272001021

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

	enue Service	orm 990. ► See separate instructions.		Inspect	.011
	of the organization LLABORATIVE LEARNING PROJECTS INC		Employer id	entification number	r
			56-233905	52	
Part :			ınds or Acc	counts. Complete	e ıf the
	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(b) Euro	ds and other accoun	.t.c
Τo	tal number at end of year	(a) Donor advised funds	(D) I dill	is and other account	11.5
	gregate contributions to (during year)				
_	gregate contributions to (during year)				
_	gregate value at end of year				
Dı	d the organization inform all donors and donor advi- nds are the organization's property, subject to the o		oradvised	☐ Yes	Гио
Dı us	d the organization inform all grantees, donors, and ed only for charitable purposes and not for the ben nferring impermissible private benefit	donor advisors in writing that grant funds efit of the donor or donor advisor, or for an	y other purpo	se Yes	┌ No
Part I	Conservation Easements. Complete	<u>if the organization answered "Yes" to</u>	Form 990,	Part IV, line 7.	
Г Г С	irpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Implete lines 2a-2d if the organization held a qualion sement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertified histor	tion	
_	h-lh-	-		dat the End of the	Year
_	tal number of conservation easements	-	2a		
	tal acreage restricted by conservation easements		2b		
_	umber of conservation easements on a certified his	` '	2c		
d Nu	umber of conservation easements included in (c) ac	equired after 8/17/06	2d		
th	umber of conservation easements modified, transfe e taxable year 🛌	rred, released, extinguished, or terminated	d by the orgar	nization during	
	umber of states where property subject to conserva		_		
	pes the organization have a written policy regarding forcement of the conservation easements it holds?		ling of violation	ons, and Yes	∏ No
	aff and volunteer hours devoted to monitoring, insp			·	
	nount of expenses incurred in monitoring, inspectir			ar 🟲 \$	
17	pes each conservation easement reported on line 2 'O(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			☐ Yes	┌ No
ba	Part XIV, describe how the organization reports collance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial	•	•	
art I	Organizations Maintaining Collectio Complete if the organization answered "		or Other Si	milar Assets.	
ar	the organization elected, as permitted under SFAS t, historical treasures, or other similar assets held ovide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın furtheran		,
hi	the organization elected, as permitted under SFAS storical treasures, or other similar assets held for p ovide the following amounts relating to these items	public exhibition, education, or research in			
(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, histo lowing amounts required to be reported under SFAS				
a Re	venues included in Form 990, Part VIII, line 1		▶	rt.	

b Assets included in Form 990, Part X

Part	***	Organizations Maintaining Co	llections of Art	, His	<u>tori</u>	<u>cal Tr</u>	easur	es, or C	the	<u>r Similar As</u>	sets	(cor	ntınued)
3		the organization's accession and othe (check all that apply)	r records, check any	y of th	e foll	owing t	hat are	a sıgnıfıca	ant u	se of its collect	ion		
а	Γ Pι	ublic exhibition		d	\vdash	Loan	orexcha	ange progi	rams				
b	┌ s	cholarly research		e	Γ	Other							
С	┌ Pr	reservation for future generations											
4	Provid Part X	e a description of the organization's co IV	ollections and expla	ın hov	v the	/ furthe	r the or	ganızatıor	ı's ex	empt purpose	n		
5	_	the year, did the organization solicit on the state of the sold to raise funds rather than t									ΓYe	:S	┌ No
Par	t IV	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Form 9	90,		
1a		organization an agent, trustee, custod ed on Form 990, Part X?	lian or other interme	diary	for c	ontrıbu	tions or	other ass	ets r	not	ΓYe	:S	┌ No
b	If"Yes	s," explain the arrangement in Part XI\	/ and complete the	follow	ing ta	able		_					
										An	nount		
С	Begini	ning balance						-	1c				
d	A ddıtı	ons during the year						-	1d				
e	Dıstrıl	butions during the year							1e				
f	Endin	g balance							1f				
2a	Did the	e organization include an amount on Fo	orm 990, Part X, line	e 21?							┌ Ye	:S	┌ No
b	If "Yes	s," explain the arrangement in Part XIV	1										
Pai	rt V	Endowment Funds. Complete											
4_	D		(a)Current Year	(b)	Prior \	ear/	(c)Two	Years Back	(d)	Three Years Back	(e) Fo	ur Yea	ars Back
1a		ning of year balance											
b		butions											
с		tment earnings or losses										—	
d		s or scholarships							-				
e		expenditures for facilities											
f	•	nistrative expenses											
g	End of	fyear balance											
2	Provid	e the estimated percentage of the yea	r end balance held a	as									
а	Board	designated or quasi-endowment											
ь		nent endowment 🕨											
С		endowment 🕨											
3a		ere endowment funds not in the posses	ssion of the organiza	ation 1	that a	re helo	l and ad	ministere	d for	the			
		zation by	•								Y	'es	No
	(i) unr	elated organizations			•					3a(_	\dashv	
_		ated organizations								3a(
		s" to 3a(II), are the related organizatio							•	31	9		
4 Dor		ibe in Part XIV the intended uses of th Investments—Land, Buildings					00 Da	rt V Juno	10				
Pal	L AT	investments—Land, Buildings	s, and Equipme	III. 3			•				. T		
		Description of investment				a) Cost o		(b)Cost or basis (otl		(c) Accumulate depreciation	a (1) Boo	ok value
	Land .			•	<u> </u>						+		
	Building			•									
C	Leaseh	old improvements		•				1	0,664	10,6	64		
d	Equipm	ent						8.	2,921	67,5	559		15,362
e	Other												

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

- (Reconcination of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,194,951
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,161,283
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	33,668
4	Net unrealized gains (losses) on investments	4	
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	
10		10	33,668
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 EXII Reconciliation of Revenue per Audited Financial Statements With Revenue per Audited Financial Statements.		, , , , , , , , , , , , , , , , , , ,
ZGII L	Total revenue, gains, and other support per audited financial statements	1	stui ii
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	-	
a	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
. 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	<u> </u>	
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		Return
L	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	7	
c	Other losses		
d	Other (Describe in Part XIV) 2d	7	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
1	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
-	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
5			

Identifier Return Reference Explanation

additional information

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DLN: 93493272001021

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

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

► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

Name of the organization
CDA COLLABORATIVE LEARNING PROJECTS INC

Employer identification number

DΑ	COLLABORATIVE LEARNING P	ROJECTS INC			56-2339052	
Pa	General Informatio			he United States. C		zation answered
1	"Yes" to Form 990, Pa For grantmakers. Does the assistance, the grantees' elig	organization n	naıntaın record		-	
	the grants or assistance?	-	=			
2	For grant makers. Describe in Pa United States	rt V the organiz	zation's procedui	res for monitoring the us	e of grant funds outside t	he
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e.g.,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Russia	0	1	PROGRAM SERVICE	TRAINING	4,050
	East Asia and Pacific	0	2	PROGRAM SERVICE	TRAINING	13,17!
	South America	0	1	PROGRAM SERVICE	TRAINING	1,50
	Central A merica	0	2	PROGRAM SERVICE	TRAINING	27,00
	Sub-Saharan Africa	0	1	PROGRAM SERVICE	TRAINING	8,00
	_					
	Sub-total Total from continuation sheets	0	7			53,72!

Part	Part IV, lı	ne 15, for any					olete if the organizate received more than		
	a) Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nun tax-exempt by	hber of reciple the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶	
3	Enter total nun	nber of other o	organizations or en	tities					(Form 990) 2010

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete i	f the organization a	nswered "Yes" to Form !	990, Part IV, line 16.
	Use Part V if add	ditional space is ne	eded.		·			

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	<u>\</u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ᅜ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	দ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information (see instruc	ctions) required in Part I, line 2, and any additiona
information.	

illiorillation.		
Identifier	ReturnReference	Explanation
Pt I Line 3 Col (F)		EXPENDITURES IN REGION ARE REPORTED ON THE ACCRUAL BASIS
Pt I Line 2		THE ORGANIZATION REQUIRES EXPENSE REPORTS WITH RECEIPTS TO VALIDATE EXPENSES INCURRED THESE EXPENSE REPORTS ARE REVIEWED AND AUTHORIZED BY THE PROJECT DIRECTOR PRIOR TO PAYMENT NARRATIVE REPORTS ARE ALSO REQUIRED FOR CERTAIN GRANTS
		Schedule F (Form 990) 2010

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OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization

CDA COLLABORATIVE LEARNING PROJECTS INC

Employer identification number

56-2339052

ldentifier	Return Reference	Explanation
Pt VI-C, Line 19		DOCUMENTS ARE AVAILABLE UPON REQUEST AND CERTAIN DOCUMENTS

Additional Data

Software ID: 10000104

Software Version:

EIN: 56-2339052

Name: CDA COLLABORATIVE LEARNING PROJECTS INC

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

4d. Other program	m services				
(Code) (Expenses \$	198,356 г	ncluding grants of \$) (Revenue \$	293,866)
MANAGEMENT T	•	GERS TO DE	VELOP PRACTICAL M	RATE MANAGERS TO DEVELOP ANAGEMENT TOOLS WITH CORI	
(Code) (Expenses \$	152,509 ı	ncluding grants of \$) (Revenue \$	159,957)
WHO LIVE IN SO HAVE BEEN ON T	CIETIES THAT HAVE BEEN ON	THE OF THE HT OF PEOPL	IDEAS AND INSIGHT E WHO LIVE IN SOCIE	ON OF THE IDEAS AND INSIGHT OF PEOPLE WHO LIVE IN SOCIE TIES THAT HAVE BEEN ON THE	TIES THAT

ldentifier	Return Reference	Explanation
		ARE AVAILABLE ON GUIDESTAR ORG

ldentifier	Return Reference	Explanation
Pt VI-B, Line 12c		ON AN ANNUAL BASIS, EACH BOARD MEMBER COMPLETES,

Identifier	Return Reference	Explanation
		SIGNS, AND DELIVERS TO THE TREASURER A CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
		POLICY ALL RESPONSES ARE REVIEWED BY THE TREASURER

ldentifier	Return Reference	Explanation
		AND IF THERE IS A QUESTION OF A POSSIBLE CONFLICT,

ldentifier	Return Reference	Explanation
		THEY ARE REVIEWED AND VOTED ON BY THE BOARD IN

ĺ	ldentifier	Return Reference	Explanation
I			ACCORANDANCE WITH THE POLICY REGARDING CONFLICT OF INTEREST

ldentifier	Return Reference	Explanation
Pt VI-B, Line 15		THE MANAGEMENT COMMITTEE COMPRISED OF THE EXECUTIVE DIRECTOR, COO

lo	dentifier	Return Reference	Explanation
			AND CFO MEET IN FEBRUARY TO MARCH AND DISCUSS SALARIES FOR

Identifier	Return Reference	Explanation
		ALL EMPLOYEES AND LOOK AT HOW PERCENTAGES OF INCREASES

ldentifier	Return Reference	Explanation
		AFFECT BUDGETS AND PROJECTS THE EXECUTIVE DIRECTOR'S

ldentifier	Return Reference	Explanation
		SALARY IS NOT INCLUDED IN THIS DISCUSSION

ldentifier	Return Reference	Explanation
		A DECISION IS MADE BY UNANIMOUS VOTE IF SALARY INCREASES ARE

	ldentifier	Return Reference	Explanation
I			APPROPRIATE FOR THE NEXT 12 MONTHS BEGINNING MARCH 1ST AND WHAT

ldentifier	Return Reference	Explanation
		PERCENTAGE THE INCREASE SHOULD BE THE INCREASE IS THE SAME

ldentifier	Return Reference	Explanation
		FOR ALL EMPLOYEES WITH THE EXCEPTION OF EMPLOYEES WITH

Identifier	Return Reference	Explanation
		LESS THAN ONE YEAR OF EMPLOYMENT EMPLOYEES WITH LESS

ldentifier	Return Reference	Explanation
		THAN ONE YEAR OF EMPLOYMENT ARE EVALUATED AND RAISES

	ldentifier	Return Reference	Explanation
I			OR A ONE TIME BONUS IS CONSIDERED BASED ON THEIR PERFORMANCE

	ldentifier	Return Reference	Explanation
I			THIS MANAGEMENT COMMITTEE PRESENTS THE SUGGESTED SALARY INCREASES

ldentifier	Return Reference	Explanation
		TO THE FULL BOARD OF DIRECTORS FOR A VOTE

ldentifier	Return Reference	Explanation
		THE COO AND CFO CONFER ABOUT HOW VARIOUS PERCENTAGE

ldentifier	Return Reference	Explanation
		INCREASES WOULD AFFECT THE EXECUTIVE DIRECTOR'S SALARY LEVEL

ldentifier	Return Reference	Explanation
		OUTSIDE INFORMATION GATHERED FROM OTHER NON-PROFITS IS

ldentifier	Return Reference	Explanation
		REVIEWED AS WELL

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4d		THE CORPORATE ENGAGEMENT PROJECT (CEP) - WORKS DIRECTLY 198356 0 293866 LISTENING PROJECT (LP) - IS A COMPREHENSIVE AND SYSTEMATIC EXPLORATION 152509 0 159957

ldentifier	Return Reference	Explanation
		THIS INFORMATION IS PRESENTED TO THE FULL BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
		WITH THE EXECUTIVE DIRECTOR NOT PRESENT THE INDEPENDENT BOARD OF

ldentifier	Return Reference	Explanation
		DIRECTOR MEMBERS VOTE AND APPROVE THE INCREASE FOR THE

ldentifier	Return Reference	Explanation
		EXECUTIVE DIRECTOR

ldentifier	Return Reference	Explanation	
Pt VI-B, Line 11a		THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER TO REVIEW AND DISCUSS PRIOR TO FILING	

ldentifier	Return Reference	Explanation
Pt XII, Line 1		THE ORGANIZATION CHANGED ITS ACCOUNTING METHOD DURING THE YEAR TO A MODIFIED CASH

	ldentifier	Return Reference	Explanation
I			BASIS TO RECORD GRANTS AND CONTRACT REVENUE WHEN THEY ARE RECEIVED