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For Paperwork Reduction Act Notice, see the separate instructions. DAA

Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2010

Form **990** (2010)

A	For the 2	2010 calendar year, or tax year beginning $09/01/10$, and ending $08/31/1$	1		
	Check if app			D Empl	loyer identification number
	Address cha	ange SCIENTIFIC & CULTURAL COLLABORATIVE			
	Name chang	Doing Business As	,	20.	-5633498
ñ.	Initial return	Number and street (or P.O box if mail is not delivered to street address)	Room/sulte		hone number
=		PO Box 102995	L	303	3-519-7772
\mathbb{H}	Terminated	City of town, State of Country, and Zir + 4			046 651
\Box	Amended re			G Gross rec	eipts\$ 246,651
	Application (pending F Name and address of principal officer:	H(a) lsthisag	roup return for	affiliates? Yes X No
		Steven Wilson Mizel Arts and Culture Center	H(b) Are all a	ffiliates Incl	uded? Yes No
		Denver CO 80246	, , ,		list. (see instructions)
_		npt status: X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(e)(1) or 527	\dashv		,
		SCCollaborative@comcast.net	H(c) Group e	xempton n	umber 🕨
			Year of formation: 2		M State of legal domicile: CO
	art I				
7.22		nefly describe the organization's mission or most significant activities:			
		The SCC is comprised of cultural organizations funded	by the SC	FD to	
Governance		enhance scientific and cultural opportunities for the	public th	rough	
Ĕ		collaboration and synergy.			
Š	2 C	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 2	5% of its net as:	sets.	•
8	3 Ni	umber of voting members of the governing body (Part VI, line 1a)		3	18
168		umber of independent voting members of the governing body (Part VI, line 1b)			18
Activities &		otal number of Individuals employed in calendar year 2010 (Part V, line 2a)			1
Acı		otal number of volunteers (estimate if necessary)			2
		otal unrelated business revenue from Part VIII, column (C), line 12			
	b Ne	et unrelated business taxable income from Form 990-T, line 34	Prior Yes		Current Year
	a C	ontributions and grants (Part VIII, line 1h)	110.10	••	238,550
Revenue		rogram service revenue (Part VIII, line 2g)			7,685
Ž		vestment income (Part VIII, column (A), lines 3, 4, and 7d)			416
Z.	11 01	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			246,651
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)			
		enefits paid to or for members (Part IX-column (A), line 4)			
88		elaries, other compensation amployee benefits (Part IX, column (A), lines 5-10)			59,847
Expenses	16a Pr	rofessional fundrals me rees (Part IX, column (A), line 11e)	· 1000000000000000000000000000000000000		5 5 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
χb		otal fundralising expenses (Part IX, column (D) line 25)			1.60 070
	17 01	ther expenses (Part IX, column (A), ilines 11a-f.1d, 11f-24f)	ļ		168,072
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			227,919 18,732
58	19 Ke	evenue less expenses. Subtract-line 18 from line 12	Beginning of Cur	rent Year	End of Year
	20 To	otal assets (Part X, line) 16]		0,520	153,242
Net Assets or Fund Belances	21 To	otal flabilities (Ran X, line 26)	1	5,891	9,881
25 25	22 Ne	et assets or fund balances. Subtract line 21 from line 20	12	4,629	143,361
	art II	Signature Block			
		lities of perjury, I declare that I have examined this return, including accompanying schedules and statement		f my knowle	dge and belief, it is
tru	e, correct	t, and complete. Declaration of preparer (other than officer) le based on all information of which preparer has	any knowledge.		/_/
				12/	21/12
Sig		Signature of officer		Dáte	· ·
He	re	Steve Wilson Co-Ch	nair		
		Type or print name and title		la.	. L K STN
Paid		Print/Type preparer's name Preparer's signature	Date	Check	k lif PTIN mployed P01389203
	F	Firm's name > Taylor Roth and Company		712 5651-6 7mm's EIN 🕨	
	Only	Firm's name Taylor Roth and Company 800 Grant St Ste 310	 	HIII S EIN P	20 3140303
	- [Firm's address Denver, CO 80203-2944	۱,	Phone no	303-830-8109
May		6 discuss this return with the preparer shown above? (see instructions)			Yes No

Form 990 (2010) SCIENTIFIC & CULTURAL COLLABORATIVE 20-5633498	Page 2
Part III Statement of Program Service Accomplishments	_
Check if Schedule O contains a response to any question in this Part III	X_
1 Briefly describe the organization's mission:	
The SCC is comprised of cultural organizations funded by the S	CFD to
enhance scientific and cultural opportunities for the public t	
allahamatian and amonas	
collaboration and synergy.	
	-
2 Did the organization undertake any significant program services during the year which were not listed on the	┌, , ,
prior Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
If "Yes," describe these changes on Schedule O.	
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Secti	on
501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation	
others, the total expenses, and revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$ 92,001 including grants of \$) (Revenue \$	
Alliance Project - Providing curriculum based programming (wor	·kshons
Alliance Project - Providing Culticulum Dased Programming (Wo	RSHOPS/
assemblies, field trips, outreach, professional development fo	r teachers)
to selected public schools with the SCFD. In 2010-2011, 70 te	acners and
20,000 students were served.	
	• • • • • • • • • • • • • • • • • • • •
4b (Code:) (Expenses \$ 49,094 including grants of \$) (Revenue \$	
Community Database - Offers all the Scientific & Cultural Coll members the opportunity to efficiently maintain their own cont information for patrons gathered by subscribers, single ticket volunteers, members and donors. In 2011, over 811,000 householisted. Target Resource Group is contracted to manage the coluse of the database.	act buyers, lds were
· ····································	
4 (O. L	
4c (Code:)(Expenses \$ 30,408 including grants of \$) (Revenue \$ Pathways - Each full member organization has funding to assist senior centers, libraries and others to participate in cultura In 2011, 37,681 citizens at 136 sites were served with 909 problems.	l activities.
hours.	
·	
•	
4d Other program services. (Describe in Schedule O.)	
(Expenses \$ 31,765 including grants of \$) (Revenue \$)
42 Total program carving evenances > 203 268	

R	能数: 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,"	1	1	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		ŀ	
		5		x
•	Part III	-		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,]	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	 		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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,"	1		
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable.		*#.\	dillo
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1	
а	Control of Control of Dispersion	11a	x	
	***************************************	112	-43	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
¢	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	المما		•
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	}		
	Schedule D, Parts XI, XII, and XIII	12a	X	<u> </u>
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1.75		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
40		-"		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40		v
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			-
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	L	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Earn	. gan	/2010)

Checklist of Required Schedules (confinued) Yes No 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 X 21 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 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? 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 X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 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 X 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 X 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 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 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 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 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 IV, and V, line 1 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 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 X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 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, X Part VI 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

Form 990 (2010) SCIENTIFIC & CULTURAL COLLABORATIVE 20-5633498

P	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Par	rt V				П
	Check if Schedule O Contains a response to any question in this rate				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1	X%″	rý.4	····
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	. <u>l 1b</u>	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	ĺ				
	reportable gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	j				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	etums?		2b	X	J
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruct	ions)		720		\$\$\$
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	<u> </u>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth	er author	rity		ļ	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financial	1	ŀ	ļ	
	account)?			. 4a		X
b				[7		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance	ial Accou	unts.	: .	P" .	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	?	<i></i>	. 5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?		. 5b	<u> </u>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					1
	organization solicit any contributions that were not tax deductible?			6a		X
b		utions or			1	
	gifts were not tax deductible?			6b	<u></u>	
7	Organizations that may receive deductible contributions under section 170(c).					₹ ′.‴
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods			.	1
	and services provided to the payor?			7a	<u> </u>	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 7b	<u> </u>	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was				1
	required to file Form 8282?			. 7c	ļ	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	. 7d				17
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		:t?	. 7e	<u> </u>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			7f	ļ	
g	If the organization received a contribution of qualified intellectual property, did the organization file	Form 88	99 as required?	7g	ļ	ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ	nization fil	le a Form 1098-C?	7h	3 80, 2000	A- 0000-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			inn i		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsori			1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	8 . 2.0	1
	organization, have excess business holdings at any time during the year?					<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				3 08/99	₽°
а					<u> </u>	1
þ	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	<u></u>	ļ
10	Section 501(c)(7) organizations. Enter:		1		See S	
а	Initiation fees and capital contributions included on Part VIII, line 12		7"			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of dub facilities	10b	<u> </u>		1000	! ``.``
11	Section 501(c)(12) organizations. Enter:		i	800 X		\$
а	Gross income from members or shareholders	<u>11a</u>	ļ <u></u>			.
b	Gross income from other sources (Do not net amounts due or paid to other sources			No.	1	*
	against amounts due or received from them.)	11b	<u> </u>	;	أننشنا	سند
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo			12a	K.879 .) ************************************
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			3272	32	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			. 13a	ļ	
	Note. See the instructions for additional information the organization must report on Schedule Q.					Į.
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	1		M	
	the organization is licensed to issue qualified health plans			 ``.∜		K
C	Enter the amount of reserves on hand		1	1300		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	 	X

State the name, physical address, and telephone number of the person who possesses the books and records of the

20

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 organic	•	y rela	ited	orga	niza	tions	соп	pensated any current offic	er, director, or trustee.	
(A) Name and Title	(B) Average	Posi	tton (C) k all i	that ap	pły)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Charlotte D'Armo			-							
Coordinator	40.00	X		X	L_			49,200	0	5,918
(2) Steve Wilson	[_	_
Co-Chair	0.00	X		X				0	0	0
(3) Alice Lee Main		_		_						•
Co-Chair	0.00	X	ļ	X	_			0	0	0
(4) Michelle Nierlin			ŀ							•
Secretary	0.00	X		X	<u> </u>	\vdash		0	0	0
(5) Diane Newcom	0.00									•
Treasurer	0.00	X	_	X	_			0	0	0
(6) Gene Sobczak Member	0.00	x						O	0	0
(7) Patrick Tennyson		A	-	-				0		
Member Telling Son	0.00	x						o	o	0
(8) Pat Pearce										
Member	0.00	X						0	0	0
(9) Terry Adams										
Member	0.00	X						0	0	0
(10) Tom Botelho										
Member	0.00	X						0	0	0
(11) Susan Connelly			-							
Member	0.00	X						0	0	0
(12) Katie Blackett		İ								
Member	0.00	X		_	_	\sqcup		0	0	0
(13) Catherine Underl									_	_
Member	0.00	X		<u> </u>	_	\sqcup		0	0	0
(14) Donald Tallman			İ			1		-		
Member	0.00	X	<u> </u>	_	_	\sqcup		0	0	0
(15) James Palermo										_
Member	0.00	X	<u> </u>	<u> </u>	<u> </u>	\sqcup		0	0	0
(16) Denise Sanderson	2	x						n	n	n

Form 990 (2010) SCII	ENTIFIC &	CULTURAL	COLLABORATIVE	20-5633498

Part VII	Section A. Officers	, Directors, Tru	stee	s, Ko	ey Er	nplo	yee	s, ar	nd Highest Compensated	Employees (continued)	····
Na	(A) ame and Title	(B) Average	Pos	ition (thet a			(E) Reportable	(F) Estmated
·		hours per week (describe hours for related organizations in Schedule O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(17) Mike Member	Yankovich	0.00	x						0	0	0
(18) Randy Member	7 Weeks	0.00	x						0		0
(19) Rich Member	Meredith	0.00	x						0	0	0
	Premack	0.00	x						0	0	0
(21) Adam Member		0.00	x						0	0	0
Member	Carpenter	0.00	x						0	0	0
Member	VerCautere	0.00	x						0	_0	0
(24) Tom S Member		0.00	x						0	0	0
Member	nni Creco	0.00	x						0	0	0
(26) Grego Member	ory Anderson	0.00	x						0	0	0
(27)											
(28)											
	al							>	49,200		5,918
	dd lines 1b and 1c)							>	49,200		5,918
	ember of individuals (included compensation from	-		_	thos	e list	ted a	bove	e) who received more than	\$100,000 in	
employe 4 For any organiza individua 5 Did any for servi	ee on line 1a? If "Yes," Individual listed on line ation and related organ al person listed on line 1 ices rendered to the on	complete Schede 1a, is the sum izations greater a receive or acceptanization? If Y	dule of re than 	J for porta \$15 	such able 0,00 ensa	on indicom	ividu pens Ye: 	ial satio s," c n an	oyee, or highest compensation on and other compensation complete Schedule J for sur- oy unrelated organization or for such person	from the ch	3 X 4 X 5 X
	dependent Contracto								notes that making mare	then \$100,000 of	
	sation from the organiz	zation.	ensa	iea i	naet	enu ——	ent c	ZOTIU I	ractors that received more		(C)
	Name and	(A) business address						\vdash	Descrip	(B) tion of services	(C) Compensation
								-			,
											
								-			
								<u></u>	P-4 - 4 - 5	· ·	

Form 990 (2010) SCIENTIFIC & CULTURAL COLLABORATIVE 20-5633498

Pa	nt Y		nue						
ipin.	((A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
, °	લેં ્						function revenue	revenue	under sections 512, 513, or 514
इस	1a	Federated campaigns	1a					Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Salar Sa	
grants mounts	ь	Membership dues	1b						
is, g amo	С	Fundraising events	1c						
gffts lar	d	Related organizations	1d				minimizer in the second second second second second second second second second second second second second se	similitationing about many	
έE	e	Government grants (contributions)	1e		238,550			Charles of the same of	
<u> </u>	f	All other contributions, gifts, grants,			·		~ 34(3)*****(3);		
臣		and similar amounts not included above	1f						
돧	а	Noncesh contributions included in lines 1a-	 -						
Contributions, and other simi	h	Total. Add lines 1a-1f	•		· · · · · · · · · · · · · · · · · · ·	238,550			
					Busn. Code				
Program Service Revenue	2a	Participation in Da	tabase	•	518210				
8	ь								
92	С								
ē	d								
Ē	e								
20	f	All other program service rever							
5		Total. Add lines 2a-2f			•	7,685			384 S. B. C. S. C. C. C.
	3	Investment income (including						1	[
		and other similar amounts)			· •	416			416
	4	Income from investment of tax	-exemn	t bond nr	nceeds >				
	5	Royalties	•	r boria pi	•	· · · · · · · · · · · · · · · · · · ·			
		(i) Real	Ť	(ii) Po	ersonal	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Marie Carlotte		75, X 1 1 1
	6a	Gross Rents						Contract Con	
	h	Less: rental exps		•					
		Rental inc. or (loss)		-					
	ر ا	Net rental income or (loss)	L		.	A	r (t) .>.*\\	ala mananay, an as	
	_	7a Gross amount from (i) Securities (ii) Ot			Other		S. J. WYMW XIV Y. WW		
		sales of assets							
	h	other than inventory Less: cost or other		······································					
		basis & sales exps.	ł						
	_	Gain or (loss)				and the second second			Marin Contraction of the Contrac
		Net gain or (loss)			•	1. T. A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		2000 100 V0000000 1000 100 100 100 100 10	20,000 C1/800 to 1
		Gross income from fundraising ever				77.00 (A. 10.00 (A.	Commence of the control of the		7.89% W. T.
911	va	(not including \$							
Ver		of contributions reported on line 1c)	• • • • • •				1 milling a philair		
&		O D 11/ C 40	_ 1						
Other Reven		Less: direct expenses		·- · <u></u>					
₹		Net income or (loss) from fund	. DL	evente				50 12 40 4 19 19 19 19 19 19 19 19 19 19 19 19 19	**************************************
		Gross income from gaming activities		67GIW			**************************************	A sall a mais a	Saller Control
	Ja	0 5 101 11 40	1						
		Less: direct expenses	. –						
		Net income or (loss) from gam		vitioe					
		Gross sales of inventory, less	ii ig acii	viues		Proc. Comprédition au la de	a shainn ian a		\$ 12 C 20 \$ 3 \$ 1.7 \$.
	iva	ashuma and allaumasss	اء						19 M. N. W. K. S. S. 179
ĺ	L		. a			annistantist inna inna	a Butter the Charles		
		Less: cost of goods sold Net income or (loss) from sales		onton:		7 A	1. \$ 15.1.5 m 15 h	groupelijker debeskriverike	<u> </u>
	C	Miscellaneous Revenue			Busn. Code		23333071335	87587535755755755	500000 MAR AND SALES
	11a					. 79. 50 NXXXXXX. ####	nn tama atha 380	an istimus indinastus is	province and a second of the contract of the c
	_	• • • • • • • • • • • • • • • • • • • •							
	b								·
	٥	All other revenue							
	ď	All other revenue					71117X 1321		\$68978885.85 XX
		Total Add lines 11a-11d		- 	[246,651			416

Form 990 (2010) SCIENTIFIC & CULTURAL COLLABORATIVE 20-5633498 Part X Statement of Functional Expenses

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

	All other organizations must	complete column (A) but	are not required to complet	te columns (B), (C), and (E	D).
	not include amounts reported on lines 6b, , 8b, 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				NY 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
	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,			MARKED SECTION OF THE CONTRACTOR OF THE	1. 267 CC 2000, CS. 200 CG 20 N A. 207 C C N
	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	55,118	40,787	14,331	
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				
-	Pension plan contributions (include section 401(k)				
8					
_	and section 403(b) employer contributions)	4,729	3,500	1,229	
9	Other employee benefits	4,123	3,300	1,223	<u> </u>
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
Ь	Legal	0 607	6 426	2 261	
C	Accounting	8,697	6,436	2,261	
d	Lobbying	·····	Glassicker i de arte indexes er i	Book waxes in the contract of	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	40,000	40.000		
g	Other	40,000	40,000		
12	Advertising and promotion	0 124	1 576	EEO	
13	Office expenses	2,134			
14	Information technology	360	266	94	
15	Royalties				
16	Occupancy		4 400		
17	Travel	2,288	1,693	595	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	876	648	228	
20	Interest	·			<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<u> </u>
23	Insurance	1,376	1,018	358	***
24	Other expenses. Itemize expenses not covered			Million Charles Million Committee Committee Committee Committee Committee Committee Committee Committee Commit	
	above (List miscellaneous expenses in line 24f. If			irthur rien innan minnan inte	
	line 24f amount exceeds 10% of line 25, column	Lastrice Samuellaning mich	2 5.7.3.240 x /01. ////		and the same of
	(A) amount, list line 24f expenses on Schedule O.)				
а	Reimbursements to members	91,342	91,342		
b	Directory publication	15,853	15,853		
С	Member assessments CATZ	4\859		4,859	
d	Other expenses	202	149	53	
е	Licenses & Fee	85		85	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	227,919	203,268	24,651	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			ļ	

Form 990 (2010) SCIENTIFIC & CULTURAL COLLABORATIVE 20-5633498

, Part X **Balance Sheet** (A) (B) End of year Beginning of year 22,325 971 1 Cash—non-interest bearing 117,632 149,228 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Notes and loans receivable, net 7 Inventories for sale or use 8 563 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 1,526 other basis. Complete Part VI of Schedule D 10a 1,526 b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 153,242 140,520 16 16 15,891 Accounts payable and accrued expenses 17 17 18 18 Grants payable 2,590 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 9,883 15,891 26 Total liabilities. Add lines 17 through 25 Balances Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. 124,629 27 Unrestricted net assets Temporarily restricted net assets 28 28 Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ▶ and 9 complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Assets Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 124,629 143,361 33 Net Total net assets or fund balances 33 153,242 140,520 Total liabilities and net assets/fund balances 34

Form 990 (2010)

Fom	n 990 (2010) SCIENTIFIC & CULTURAL COLLABORATIVE 2U-5633498		Pa	ge 12
Pa	Reconciliation of Net Assets			
	. 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)		46,	
2	Total expenses (must equal Part IX, column (A), line 25)		27,	
3	Revenue less expenses. Subtract line 2 from line 1		18,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1:	24,	<u>629</u>
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))	<u> 1</u>	43,	<u> 361</u>
P	if XII Financial Statements and Reporting			_
•	Check if Schedule O contains a response to any question in this Part XII	<u>.</u>		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			2 E
	Schedule O.	1 × 2		20 M 20 20
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	3 1 3		
	issued on a separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			~
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		X
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		
		Fom	990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2010
Cpen to Public

Department of the Treasury Internal Revenue Service

Name of the organization

SCIENTIFIC & CULTURAL COLLABORATIVE

Employer identification number 20-5633498

P	art.l	Reas	on for	Public	Charity	/ Statu	ıs (All	organ	nization	ns m	ust c	comp	lete	this	part.)	See i	nstruci	tions.			
The	orga	nization is not	a private	e foundat	ion becau	se It is:	(For line	s 1 thr	ough 11	, chec	k only	y one b	ox.)		_						
1	\Box	A church, co	nvention	of church	hes, or as	sociatio	n of chu	rches c	describe	d in se	ection	170(E)(1)	(A)(i).							
2		A school des			-							•									
3	H	A hospital or			, ,,,				•	ection	170	(b)(1)(AViii	n.							
4	H	A medical re	•		•	_								-	M1WAW	iii) Ent	er the ho	nenital'	s name		
•	ب	city, and stat		. 90	on operati		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,,,,,,	, ,,oop,a	. 0000		000					<i>5, 5,</i> 5, 6, 7, 6	оорлал		•	
5		An organizat	• • • • •	ated for the	ne henefit	of a col	lege or :	mivere	ity owne	doro	 nerst	od hv s			 mıletna	it docor	ihed in			•••••	
•	ш	section 170	•				lege of t	J1 11 V C1 3:	nty Ownie	u 0, 0	porac	cu by c	. go	v C/ / / / / /	onen un	in desa	ibed iii				
_		A federal, sta			•	•	oostal	nit daar	oribad in		an 17	O(b)/4)	\/ A \/								
6	H														4b.		مناطب سام				
7	ш	An organizat		-			•		Support	ווטווו צ	ı gove	: mine	ILEU L	THIL OI	HOHH BIN	e gener	ai public	ì			
•		described in						-		- U V											
8	₩	A community									·		••								
9	X	An organizat		•		• •										•	-	oss			
		receipts from				-		-													
		support from	_												x) from I	busines	ses				
		acquired by t	-																		
10	\vdash	An organizat	_		•		-	•		-											
11	Ш	An organizati	_		•		•			-						-					
		purposes of		•		•									,	•	section	1			
		509(a)(3). Ch				the type		_	_				e line								
		a Type			Type II	C		• •	-Functio	_	_			ď		e III-O					
е		By checking				_				-			-			-					
		other than for		managei	s and oth	er than	one or n	nore pu	iblicly su	pport	ed org	ganizat	ions	descr	ibed in	section	509(a)(1	1)			
		or section 50																			
f		If the organiz			vritten det	erminati	on from	the IRS	S that it i	is a Ty	ype I,	Type I	ll, or	Туре	III supp	orting					
		organization,																			Ш
g		Since Augus	t 17, 200	6, has th	e organiza	ation ac	cepted a	ny gift	or contri	butior	from	any o	f the	:							
		following per	sons?																		
		(i) A persor	n who din	ectly or it	ndirectly c	ontrols,	either a	lone or	togethe	r with	perso	ns des	scrib	ed in ((ii) and					Yes	No
		(iii) belo	w, the go	verning t	ody of the	e suppo	rted orga	anizatio	on?										11g(i)	<u> </u>	
		(ii) A family	member	of a pers	son descri	ibed ın (i) above	?											11g(ii)		
		(iii) A 35% c	ontroiled	entity of	a person	describ	ed ın (i) (or (ii) a	bove?										11g(iii)		
ħ		Provide the	ollowing	informati	on about	the sup	ported o	rganiza	ation(s).								 ,	,			
(i)		of supported		(II) EIN		T (T	II) Type o	f organiz	zation			rganizatio	1		rou notify		is the	((IIV)	ount of	
	org	anization				1 .	described above or				• •	sted in you document			nization in of your		tion in col ized in the		supp	ort	
						}	(see ins			90.	ditaily (account (COL)	<u>"</u>		port?		S.?				
						ļ	<u> </u>			_ <u> </u>	'es_	No	\perp	Yes	No	Yes	No				
(A)																					
		- <u></u> -																			
(B)												i					1 1				
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	edule A (Form 990 or 990-EZ) 2010 SC	ENTIFIC &	CULTURA	L COLLABO	RATIVE 20	<u>-5633498</u>	Page 2
P	rtill Support Schedule for O						
	. (Complete only if you ch						alify under
	Part III. If the organization	on fails to qualit	y under the te	sts listed belov	w, please com	plete Part III.)	
	tion A. Public Support	,	,		,		
aler	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 not include any "unusual grants.")	-					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
ec	tion B. Total Support	<u> </u>	· · · · · · · · · · · · · · · · · · ·	1-1- <i>i</i> -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
aler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
В	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		~ * * * * * * * * * * * * * * * * * * *				
1	Total support. Add lines 7 through 10			*			·····
2	Gross receipts from related activities, etc.	(see instructions)				12	
3	First five years. If the Form 990 is for the	•	, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
ec	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·					
4	Public support percentage for 2010 (line 6						<u> </u>
5	Public support percentage from 2009 Sch	edule A, Part II, line	e 14			15	%_
6a	33 1/3% support test—2010. If the organi	ization did not ched	k the box on line	13, and line 14 is 3	3 1/3% or more, c	heck this	. —
	box and stop here. The organization qual						▶ ∐
b	33 1/3% support test—2009. If the organi	ization did not ched	k a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	ore,	_
	check this box and stop here. The organiz	zation qualifies as a	a publicly supporte	d organization			▶ ∐
7a	10%-facts-and-circumstances test-201	0. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meet	ts the "facts-and-ci	rcumstances" test,	check this box an	d stop here. Expla	ain in	
	Part IV how the organization meets the "fa	acts-and-circumsta	nces" test. The org	anization qualifies	as a publicly supp	oorted	
	organization						▶□
b	10%-facts-and-circumstances test—200						
	15 is 10% or more, and if the organization	meets the "facts-a	nd-circumstances	test, check this b	ox and stop here.		
	Explain in Part IV how the organization me	eets the "facts-and-	circumstances" te	st. The organization	on qualifies as a pu	iblicly	<u>-</u> -
	supported organization			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			▶ 🔲
8	Private foundation. If the organization did						_

instructions

`,

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion 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 not include any "unusual grants.")	246,520	253,663	243,983	222 ,92 5	238,550	1,205,641
2	Gross receipts from admissions, merchandise sold or services performed, or facilities' furnished in any activity that is related to the organization's tax-exempt purpose				1	7,685	7,686
3	Gross receipts from activities that 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	246,520	253,663	243,983	222,926	246,235	1,213,327
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	80.1 (2.5.3.2 (8.50)	Nacional and a second	2 V (9) A' (0) M (A (a)	ala IC -salla lafass	S Cashar XI. N.	
8	Public support (Subtract line 7c from line 6.)						1,213,327
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·			· 	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	246,520	253,663	243,983	222,926	246,235	1,213,327
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,227	7,024	1,340	668	416	19,675
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	10,227	7,024	1,340	668	416	19,675
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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, 11, and 12.)	256,747	260,687	245,323	223,594	246,651	1,233,002
14	First five years. If the Form 990 is for the	organization's first				(c)(3)	
	organization, check this box and stop her			<u></u>			<u></u> ▶ L
Sec	tion C. Computation of Public Si					,	
15	Public support percentage for 2010 (line 8					1 1	98.40%
16	Public support percentage from 2009 Sch			<u></u>	<u></u>	16	98.05%
	tion D. Computation of Investme			1 (0)		[47]	0.0/
17	Investment income percentage for 2010 (I					I	2 % 2 %
18	Investment income percentage from 2009 33 1/3% support tests—2010. If the orga			14 and line 15 is	more than 33 1/39	<u></u>	∠ 70
19a	17 is not more than 33 1/3%, check this b						► X
b	33 1/3% support tests—2009. If the orga	-	-				
-	line 18 is not more than 33 1/3%, check the						▶□
20	Private foundation. If the organization did						▶

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public

Employer identification number

S	CIENTIFIC & CULTURAL COLLABORATIVE		20-5633498
Pa	Organizations Maintaining Donor Advised Food organization answered "Yes" to Form 990, Pa	unds or Other Similar Funds or and IV, line 6.	Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		,
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	1	
5	Did the organization inform all donors and donor advisors in writing th	nat the assets held in donor advised	
	funds are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors i		
	only for charitable purposes and not for the benefit of the donor or do		
	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the org	ganization answered "Yes" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (chec		
	Preservation of land for public use (e.g., recreation or education)		portant land area
	Protection of natural habitat	Preservation of a certified histori	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a consi	ervation
_	easement on the last day of the tax year.		
	•		Held at the End of the Tax Yea
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
D	Number of conservation easements on a certified historic structure in		
ى ـــ	Number of conservation easements included in (c) acquired after 8/13		- 20
u	historic structure listed in the National Basistan		2d
2	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organiza	. —————
3		extinguished, or terminated by the organiza	non during the
	tax year >		
4	Number of states where property subject to conservation easement is		•
5	Does the organization have a written policy regarding the periodic mo	initioning, inspection, nandling of	□ v □ v.
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo	orcing conservation easements during the y	/ear
			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year	
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	O O
9	In Part XIV, describe how the organization reports conservation eases	ments in its revenue and expense stateme	nt, and
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that o	lescribes the
	organization's accounting for conservation easements.		
Pa	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" t	t, Historical Treasures, or Other to Form 990, Part IV, line 8.	Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furth	erance of
	public service, provide, in Part XIV, the text of the footnote to its finan	icial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and bala	ance sheet
	works of art, historical treasures, or other similar assets held for public		
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treasures, of	or other similar assets for financial gain, on	ovide the
_	following amounts required to be reported under SFAS 116 (ASC 958		
а	Revenues included in Form 990, Part VIII, line 1	•	\$
h	Assets included in Form 990 Part X		▶ \$
• •			

Sche		C & CULTURAL					(Page 2
	計判》 Organizations Maintaining	Collections of Art,	Historical Trea	sures,	or Other S	imilar As	sets (co	ntinue	<u>∍d)</u>
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records, chec	k any of the followi	ng that a	re a significar	nt use of its			
а	Public exhibition	d Loan o	or exchange program	ns					
b	Scholarly research								
c	Preservation for future generations	c 🗀 caici	•••			• • • • • • • • • •			
	Provide a description of the organization's colle	actions and avalain how t	how further the orga	nization	'e evemnt nun	noce in Part			
4		ections and explain now t	ney luitilei tile orga	IIIZAUUII	2 exempt buil	pose in Fait			
_	XIV.			<u>.</u>	_!!				
5	During the year, did the organization solicit or r	•					[1	
	assets to be sold to raise funds rather than to t	be maintained as part of	ne organization's o	ollection	7	Vaa" ta E		Yes	No
%H.a	Escrow and Custodial Arrai			auon a	inswered	res lo re	טפפ וווול,	ran	IV,
	line 9, or reported an amoun								
1a	Is the organization an agent, trustee, custodiar	or other intermediary for	r contributions or ot	her asse	ts not		~ ~	٦.	
	included on Form 990, Part X?						L	Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV at	nd complete the following	table:						
							Arr	nount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Distributions during the year		ſ			1f			
2я	Did the organization include an amount on For	m 990. Part X. line 21?						Yes	No
	If "Yes," explain the arrangement in Part XIV.						—		
	Endowment Funds. Comple	te if organization a	nswered "Yes"	to Forr	n 990. Par	t IV. line 1	0.		
<u>سند.</u>	2	(a) Current year	(b) Prior year	Y	ro years back	(d) Three yea		Four ye	ears back
4.	Reginning of year halance		(-//	1					
	Beginning of year balance					7.3.3			72
	Contributions		· · · · · · · · · · · · · · · · · · ·						
С	Net investment earnings, gains, and)		Carried in		Vy myská	a a Samuele
	losses			ļ	·	82.7. W.W.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	Grants or scholarships			ļ					
е	Other expenditures for facilities and					The Section of the Se			بشششين
	programs					No Suiremin		<u> </u>	<u> </u>
f	Administrative expenses						********		
g	End of year balance			<u> </u>				<u> </u>	mingui, s.
2	Provide the estimated percentage of the year e	end balance held as.							
а	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ▶ %								
С	Term endowment ▶ %								
. 3a	Are there endowment funds not in the possess	ion of the organization th	at are held and adn	ninistere	d for the				
	organization by:	•						Υ	es No
	(i) unrelated organizations						3	a(i)	
	(ii) related organizations				• • • • • • • • • • • • • • • • • • • •			a(ii)	,
h	If "Yes" to 3a(ii), are the related organizations in	isted as required on Scho	edule R?	•••••				3b	
4	Describe in Part XIV the intended uses of the c								
	t VI Land, Buildings, and Equip			10					
F	Description of investment	(a) Cost or other basis	(b) Cost or other		(c) Accur	mulated	(d)	Book va	مبا
	Description of investment	(Investment)	(other)	U2313	depred		(4)	DOOK VQ	iuc
		/mixeonneur)	(outer)		Karana in in	70 (/ / / ₂	 		
	Land		+		N. S. S. S. W.	v :	╀──		
	Buildings		<u> </u>				 		
	Leasehold improvements		<u> </u>				 		
d	Equipment		<u> </u>	<u>,526</u>		1,526			
	Other		<u> </u>		<u></u>				
Total	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X, col	umn (B), line 10(c).	<u>)</u>		<u> </u>	<u> </u>		

Schedule D (Form 990) 2010 SCIENTIFIC & CULTURAL	COLLABORATI	VE 20-3633498 Page 3
(a) Description of security or category	, Paπ X, line 12. (b) Book value	(c) Method of valuation
(a) Description or security or category (including name of security)	(p) Book Aside	Cost or end-of-year market value
(4) Financial desirations		,
(2) Closely-held equity interests		
(3) Other		
(A)		
(A) (B)		
(C)	1	
(D)		
`(E)		
(F)		
(G)		
(H)	•	
(1)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments—Program Related. See Form 990), Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)	ı	
(6)		
(7)		
(8)		
(9)		
(10)		0 % 9 % 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Rart X Other Assets. See Form 990, Part X, line 15.		(h) D
(a) Description		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)	·	
(6)		
(7)	.	
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25	<u> </u>	
1. (a) Description of liability	(b) Amount	Maritima is maritima an indicada a servicio
(1) Federal income taxes	(=)::	
(2) (3)		
(4)		
(5)		
(6)		
(7)		
(8)		– 1860 katalonia karitata (h. 1888)
(9)	,	- All Sales and
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

^{2.} FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the

Sche	dule D (Form 990) 2010 SCIENTIFIC & COLITORAL COLLABOR	CALLYD 20-	2622436	Page 4
P	Reconciliation of Change in Net Assets from Form 990 to			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			246,651
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	227,919
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	18,732
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		1 = 1	
7	Prior period adjustments			
8	Other (Describe in Part XIV.)			
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	18,732
Pe	it XII を Reconciliation of Revenue per Audited Financial Statemen			
1	Total revenue, gains, and other support per audited financial statements		1	252,651
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	6,000	
C		2c		
d	Other (Describe in Part XIV.)	2d		
	Add lines 2a through 2d		2e	6,000
3	Subtract line 2e from line 1		3	246,651
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		בּירייים בייים	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	in the	
_		4b	a si	
	Other (Describe in Part XIV.) Add lines 4a and 4b		. ```	
_	***************************************		4c	246,651
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nto With Evner	<u> </u>	240,031
	Reconciliation of Expenses per Audited Financial Stateme			233,919
1	Total expenses and losses per audited financial statements		·····	233,919
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	- 1	6 000	
а		2a	6,000	
þ	Prior year adjustments	2b	 (1)	
C	Other losses	2c		
		2d		c 000
е	Add lines 2a through 2d			6,000
3	Subtract line 2e from line 1			<u>227,919</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		•
b	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	227,919
Pa	nt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line	s 1a and 4; Part IV	, lines 1b and 2b;	
-	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and			
	idditional information.	•		
•				
• • • •				
•••				
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				••••••

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 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

2010

One 16 Public

Inspector

Name of the organization

SCIENTIFIC & CULTURAL COLLABORATIVE

Employer identification number 20-5633498

Form 990, Part III, Line 4d - All Other Achievements
Directory of Educational Activities for Teachers and Schools - Is an annual
online publication listing education programs available from the member
organizations. In 2011 the Directory was a hardcopy published catalog and
multiple copies were sent to each school within the SCFD. 42,000 citizens
served. Teacher e-mail advantage - is a monthly e-newsletter to connect
teachers with cultural organizations.
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
990 is reviewed by Coordinator (Employee), Accountant, Co-Chairs and
Treasurer before being submitted.
Form 990, Part VI, Line 15a - Compensation Process for Top Official
Annual review by Executive Committee, presentation of background documents,
Annual review by Executive Committee, presentation of background documents,
Annual review by Executive Committee, presentation of background documents,
Annual review by Executive Committee, presentation of background documents, followed by a vote from the whole board.
Annual review by Executive Committee, presentation of background documents, followed by a vote from the whole board. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Annual review by Executive Committee, presentation of background documents, followed by a vote from the whole board. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Annual review by Executive Committee, presentation of background documents, followed by a vote from the whole board. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Upon request through Coordinator
Annual review by Executive Committee, presentation of background documents, followed by a vote from the whole board. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Upon request through Coordinator
Annual review by Executive Committee, presentation of background documents, followed by a vote from the whole board. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Upon request through Coordinator
Annual review by Executive Committee, presentation of background documents, followed by a vote from the whole board. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Upon request through Coordinator