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DLN: 93493078000113

Form **990**

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
2011

Open to Public Inspection

A F	or the 2	2011 ca	lendar vear. o	or tax year beginning 1	0-01-2011	and ending 09	-30-2012						
	heck if ap		C Name of orga	anızatıon					D Emplo	yer ide	entification number		
_	ddress ch		The Union of	Concerned Scientists Inc					04-2	53576	57		
_		-	Doing Busine	ess As				_	E Teleph				
I N —	ame char	nge							(617)) 547-	5552		
Ir	ııtıal retur	m		street (or P O box if mail is	not delivere	d to street address)	Room/suit	te			\$ 27,883,350		
Гτ	erminated	t	Two Brattle S	Square					G Gloss	receipts	\$ 27,883,350		
_ A	mended r	eturn	City or town,	, state or country, and ZIP +	- 4			_					
_ ^	nnlication	pending	Cambridge, N	MA 02238									
. ^	pplication	pending						_					
			F Name Kevin T K	and address of princip	al officer				s this a group	retur			
			Two Bratt					Č	affiliates?		ΓYes Γ No		
			Cambridg	je, MA 02238				H(b)	Are all affiliates	includ	led?		
											(see instructions)		
I T	ax-exem	pt status	▽ 501(c)(3))	tno) 🗀	1947(a)(1) or Γ 5	27		Group exemp				
J V	Vebsite	: ⊨ ww	w ucsusa org										
		janization	Corporation	Trust Association	Other 🟲			L Year	of formation 19	973 N	State of legal domicile DC		
P	art I	Sum	mary										
Governance	ן נ	The Unio	on of Concerno with citizens a	rganization's mission o ed Scientists puts rigo icross the country, we y, safe, and sustainable	rous, indep combine te	endent science	to work t		•				
E .	-												
ò	1, -	hack th	us hov b if	the organization disco	ntinued its	operations or du	nosed of	f more th	25% of its	neta	ccets		
			,						1411 25 % OF ICS	ı	1		
Activities &			_	nbers of the governing						3	20		
Ě			•	nt voting members of th	_		-			4	184		
£	5	Total nu	al number of individuals employed in calendar year 2011 (Part V, line 2a)										
đ	6 7	Total nu	mber of volun	teers (estimate if nece	ssary) .					6	0		
	7a ⊺	Total uni	related busine	ess revenue from Part '	VIII, colur	nn (C), line 12				7a	0		
	ь١	let unre	lated busines	s taxable income from	Form 990	-T, line 34 .	•			7b	-2,204		
									Prior Year		Current Year		
	8	Contri	butions and g	rants (Part VIII, line 1	.h)				21,368,	554	25,293,341		
Revenue	9		ım service rev	0	0								
Š	10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)								631,196		
æ	11										54,109		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line							<i>.</i>		·		
		12)									L54 25,978,64		
	13	Grants	Grants and similar amounts paid (Part IX, column (A), lines 1-3)								0		
	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines								0			
	15												
Expenses		5-10)	1						12,974,	791	14,095,040		
ŧ	16a	Profes	sıonal fundraı	ısıng fees (Part IX, col	umn (A), lı	ne 11e)		202		139	135,563		
ੜ	b	Total fu	ndraising expens	ses (Part IX, column (D), lin	e 25) 🕨 2,84	9,563							
	17	Other	expenses (Pa	art IX, column (A), line	s 11a-11d	i, 11f–24e) .			9,255,	954	9,117,167		
	18	Total e	expenses Ad	d lines 13–17 (must e	qual Part I	X, column (A), lii	ne 25)	22,432,884 23,347,7					
	19		·	nses Subtract line 18	•		•				2,630,876		
hr 27			tr					Begi	nning of Curre	_			
Net Assets or Fund Balances									Year		End of Year		
3	20	Total a	assets (Part X	X, line 16)					34,571,	813	40,527,006		
Ž P	21			rt X, line 26)					4,692,	107	4,697,407		
22	22		•	balances Subtract line					29,879,		35,829,599		
Ρa	rt III		ature Bloc										
Und knov	er penal	ties of po	erjury, I declar	e that I have examined t	his return, laration of	including accomp preparer (other th	anying sc an officer	hedules a	and statements d on all inform	, and t ation o	o the best of my f which preparer has any		
		****	**						2013-03-17				
Sig	n	Signa	ature of officer						Date				
He:		Kevii	n T Knobloch Pre	esident									
			or print name a										
		_				Date	Ta	heck if	Dranaras	e tayna	ayer identification number		
.		Preparer signature		arradon		2013-03-17		heck if elf-	(see inst	ructions			
Paid		employ					mployed I	P012815	666				
-	parer's						EIN ▶ O	4-2943	 536				
Use	Only		if self-employed),							. 2773			
		. ,	ddress, and ZIP + 4 401 Edgewater Place Suite 300								Phone no 🕨 (781) 245-9999		

Wakefield, MA 018806208

May the IRS discuss this return with the preparer shown above? (see instructions) . .

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					i age z
Par		tement of Program S ck if Schedule O contains				দ
1	Briefly des	cribe the organization's m	ISSION			
cıtız		ne country, we combine te			e our planet's most pressing create innovative, practical	problems Joining with solutions for a healthy, safe
2	_	anızatıon undertake any s rm 990 or 990-EZ? .	=	= -	which were not listed on	┌ Yes ┌ No
	If "Yes," de	scribe these new services	on Schedule O			
3		anızatıon cease conductın			nducts, any program	┌ Yes ┌ No
	If "Yes," de	scribe these changes on S	Schedule O			
4	expenses S	Section 501(c)(3) and 50	1(c)(4) organizations	s and section 4947(a)	ree largest program service: (1) trusts are required to rep th program service reported	
	(Code) (Expenses s	8,858,379	ıncludıng grants of \$) (Revenue \$)
		Energy program works to curb s, mobilization of scientists, diss				e forests through scientific research
4b	(Code) (Expenses s	2,661,373	ıncludıng grants of \$) (Revenue \$)
					sound transportation policy, disser arming and harm human health	ninates this information to the
 4с	(Code) (Expenses s	2,556,289	ıncludıng grants of \$) (Revenue \$)
	Global securi	, , ,	n nuclear arms control, n	nobilizes the scientific comm	nunity to raise public awareness of	global security issues, and works
	(Code) (Expenses s	5,899,340	ıncludıng grants of \$) (Revenue \$)
	dissemination individual Co federal policy ecosystems f	n of information to the public ai ongressmen and writing, printing ymaking through dissemination from harmful invasive species T	nd policymakers,and advo g, and mailing of legislation of information to the put The goal of the Center for	ocacy Legislative - Appeara ve alerts to UCS sponsors So blic, to scientists,and to polic Science and Democracy is	ful food production practices throu nees before Congressional commit cientific Integrity program works to cymakers Scientific Integrity progr to strengthen American democracy e health, security, and prosperity of	o restore scientific integrity to am also works to protect or by advancing the essential role
	Other proc	gram services (Describe	ın Schedule ∩)			
TU	(Expenses			of \$) (Revenue \$)
 4е	Total prog	ram service expenses +\$	19,975,38		·	
			, ,			

	Part TV	Check	list of	Peguired	Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? 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? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	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? <i>If "Yes," complete Schedule D, Part VI.</i>	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
C	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. &	11e	Yes	
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II 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, Part 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	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	^{IN} 21		No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,00 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d an complete Schedule K. If "No," go to line 25		Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	. 24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction will a disqualified person during the year? If "Yes," complete Schedule L, Part I	th 25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? I "Yes," complete Schedule L, Part I	f 25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, 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, substant contributor, or a grant selection committee member, or to a person related to such an individual? <i>If</i> "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 I instructions for applicable filing thresholds, conditions, and exceptions)	:V		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
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 owner? If "Yes," complete Schedule L, Part IV	s 28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "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		No
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		No
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		No
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13a)$)? 35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19 Note. All Form 990 filers are required to complete Schedule O	? 38	Yes	
		F	orm 99 0	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	٠,١	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 84			
L				
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
_	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			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			_
	over, a financial account in a foreign country (such as a bank account or securities	4-		
	account)?	4a		No_
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
		70		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		
Ja	organization solicit any contributions that were not tax deductible?	va		140
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
u	services provided to the payor?	, a		110
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		N o
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	ı		
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
Ь	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			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
_	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
	allocated to each state	10d		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
	the states in which the organization is needsed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand 13c			
14-	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
∡-1 0	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	1.4L		110

Part VI 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								
Ia	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									
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No					
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the								
а	year by the following The governing body?	8a	Yes						
		8b	Yes						
ь 9	Each committee with authority to act on behalf of the governing body?	ОП	165						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo					
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	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	16a		No						
Ь	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?								
6~	ction C. Disclosure	16b							
<u>5e</u> 17	List the States with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, CA, CT, FL, GA, IL	ΚĊ	KY IV	M D					
	MA, MI, MN, MS, NH, NJ, NM, NY, N PA, RI, SC, TN, UT, VA, WV, WI, D	NC , O							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request								

- **9** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization >
 Javier Caban Union of Concerned Sc
 Two Brattle Square

Cambridge, MA 02238 (617) 547-5552

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, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ 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

(A) Name and Title	(B) A verage hours per week (describe	director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations	
(1) James J McCarthy Chair/Director	5 00	х		х				0	0	0	
(2) Peter A Bradford Vice Chair/Director	1 00	х		Х				0	0	0	
(3) James S Hoyte Treasurer/Director	5 00	х		Х				0	0	0	
(4) Thomas H Stone Secretary	1 00	х		Х				0	0	0	
(5) Kurt Gottfried Board Chair Emeritus	1 00	х						0	0	0	
(6) James A Fay Board Member Emeritus	1 00	х						0	0	0	
(7) Andrew J Gunther Director	1 00	х						0	0	0	
(8) Geoffrey M Heal Director	1 00	х						0	0	0	
(9) Anne Kapuscinski Director	1 00	х						0	0	0	
(10) Jessica Matthews Director	1 00	х						0	0	0	
(11) Mario J Molina Director	1 00	х						0	0	0	
(12) Stuart L Pımm Dırector	1 00	х						0	0	0	
(13) Louis Salkind Director	1 00	х						0	0	0	
(14) Adele Sımmons Dırector	1 00	х						0	0	0	
(15) Nancy Stephens Director	1 00	х						0	0	0	
(16) Ellyn R Weiss Director	1 00	х						0	0	0	
(17) Edward L Miles Director	1 00	Х						0	0	0	

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

(A) Name and Title	(B) A verage hours per week (describe hours	director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustie or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former			organizations
(18) Richard L Garwin Director	1 00	х						0	0	0
(19) Thomas Eisner Director	1 00	Х						0	0	0
(20) Fran Ulmer Rep National Advisory Board	1 00	х						0	0	0
(21) Kevın T Knobloch President	40 00			Х				256,293	0	38,048
(22) Kathleen Rest Executive Director	40 00				х			218,023	0	24,042
(23) David Whalen Chief Development Officer	40 00				х			210,959	0	18,552
(24) Cheryl Schaffer Director of Finance & Admi	40 00				х			176,010	0	20,573
(25) Alden M Meyer Director of Strategy & Pol	40 00					Х		153,650	0	23,508
(26) Peter Frumhoff Dir of Science & Policy	40 00					х		148,721	0	29,931
(27) Margaret G Mellon Dir of Food & Environment	40 00					х		137,840	0	15,180
(28) Suzanne Shaw Dir of Communications	40 00					х		135,321	0	28,382
(29) Francesca T Grifo Sr Scientist & Dir SIP	40 00					Х		129,131	0	10,538
1b Sub-Total							P			
c Total from continuation sheets	-			•	•		<u> </u>	. === ===		200 == :
d Total (add lines 1b and 1c) . 2 Total number of individuals (incl	· · · · ·		•	•			-	1,565,948	0	208,754

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►27

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual			
	on the fat fr res, complete schedules for such marvidaan	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
		•	1 00	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Mındshift Technologies Inc 309 Waverly Oaks Rd Waltham, MA 02452	IT Management Services	346,557
Mal Warwick & Associates 2550 Ninth St Ste 103 Berkeley, CA 94710	Direct Mail Consultant	277,167
Rigsby Hull Inc 2309 University Blvd Houston, TX 77005	Communications	139,942
		_

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►3

Form 99			.					Page 9
Part	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
## ## ## ## ## ## ## ## ## ## ## ## ##	1a	Federated cam	paigns 1a					
죮	ь	Membership du	ıes 1b	6,639,646				
Contributions, gifts, grants and other similar amounts	c	Fundraising eve	ents 1c					
£ #	d	Related organiz	zations 1d					
S,E	e	Government grant	s (contributions) 1e					
r Si	f	All other contribution	ons, gifts, grants, and 1f	18,653,695				
₹ <u>₹</u>	g	similar amounts no	ot included above ibutions included in					
i i	"							
o E	h		s 1a-1f	▶	25,293,341			
				Business Code				
Ę	2a							
e ve	Ь							
ē. E	c							
7	d		_					
Program Serwce Revenue	e							
Ē	f	All other progra	am service revenue					
្តិ	•							
	g		s 2a – 2f					
	3		ome (including dividen		F00 701			F00 701
			ar amounts) stment of tax-exempt bond	-	509,701			509,701
	5							
	•	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	77,477	8,505				
	b	Less rental	117,521	8,708				
	_c	expenses Rental income	-40,044	-203				
	-	or (loss)	·					
	d	Net rental inco	me or (loss)		-40,247			-40,247
	7a	Gross amount	(ı) Securities 1,899,970	(II) Other				
		from sales of assets other than inventory						
	b	Less cost or other basis and	1,778,475					
		sales expenses Gain or (loss)	121,495					
	d	Net gain or (los			121,495	121,495		
	8a		rom fundraising		121,133	121,133		
anne		events (not inc \$						
Other Revenue		See Part IV, lin						
t	b	Less direct ex						
0	C		(loss) from fundraising	events 🟲				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti					
	10a	Gross sales of inventory, less returns and allowances .		8,609				
	ь	Less cost of a	oods sold b	8,609				
	c	_	(loss) from sales of inv		8,609	8,609		
		Miscellaneous		Business Code				
	11a	Lists & Labels		900099	38,812	38,812		
	ь	Misc Income		900099	30,404			30,404
	c	Royalties		900099	12,144	12,144		
	d		ue		4,387	4,387		
	e	Total. Add lines	s 11a-11d		85,747			
	12	Total revenue.	See Instructions .	▶	25,978,646	185,447	0	499,858

Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

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 complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 962,501 628,764 61,502 272,235 key employees . . . 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 10,664,641 9,400,700 224,095 1,039,846 Pension plan contributions (include section 401(k) and section 678,880 18,729 403(b) employer contributions) 578,243 81,908 905,236 754,831 26,856 123,549 Other employee benefits 883,782 748,396 23,251 112,135 10 Fees for services (non-employees) 11 Management 40,913 37,984 2,929 Legal Accounting 53,518 53,518 Lobbying 124,466 124,466 Professional fundraising See Part IV, line 17 . . 135,563 135,563 Investment management fees Other 2,125,792 2,046,027 5,953 g 73,812 Advertising and promotion . . . 270,339 263,300 170 6,869 12 2,759 13 Office expenses 185,114 168,521 13,834 329,838 294,861 9,898 14 Information technology 25,079 15 Royalties . . 16 1,213,419 1,143,122 19,530 50,767 938,212 805,587 1,636 17 130,989 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 101,448 86,027 2,176 13,245 20 21 Payments to affiliates . 22 Depreciation, depletion, and amortization 411,068 367,478 12,335 31,255 23 52,413 46,878 1,566 3,969 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) Printing and Publicatio 759,181 197,703 561,473 5 Postage and Freight 584,871 823 421,189 162,859 **Event Expense** 535,984 434,195 869 100,920 Subscriptions 418,705 362,840 3,186 52,679 d е All other expenses 971,886 735,554 15,985 220,347 25 Total functional expenses. Add lines 1 through 24f 23,347,770 19,975,381 522,826 2,849,563 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

1,558,752

1,038,182

520,570

Part X **Balance Sheet** (A) (B) Beginning of year End of year 43,053 377,547 1 1 6.562.313 5.926.886 2 2 Savings and temporary cash investments 3 388,352 3,147,670 39.936 47.807 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 19.586 8 38.112 9 192.813 178.057 Prepaid expenses and deferred charges 8,585,646 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 3,948,209 4,940,548 **10c** b Less accumulated depreciation 4,637,437 21,817,569 11 25,617,283 11 510,581 507,995 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 57,062 15 48,212 15 34,571,813 40,527,006 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,384,059 17 1,174,032 17 Accounts payable and accrued expenses . 18 18 19 19 20 2.212.277 20 2.020.362 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 250,000 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 1,095,771 25 1,253,013 D 26 26 4,692,107 4,697,407 **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 24,728,861 27 Unrestricted net assets 28,784,769 4,965,410 28 6,859,395 28 Temporarily restricted net assets Fund 29 185,435 29 185,435 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 29.879.706 33 35.829.599 34 Total liabilities and net assets/fund balances 34.571.813 34 40.527.006

Ра	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		25,9	78,646
2	Total expenses (must equal Part IX, column (A), line 25)	2			 347,770
3	Revenue less expenses Subtract line 2 from line 1	3		2,6	30,876
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		29,8	379,706
5	Other changes in net assets or fund balances (explain in Schedule O)	5		3,3	319,017
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		35,8	329,599
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 its content of the organization.				
	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

The Union of Concerned Scientists Inc

Complete if the organization is a section 501(c)(3) organization or a section

Public Charity Status and Public Support

4947(a)(1) nonexempt charitable trust.

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

Employer identification number

				. (04-2535			
Part I	_		blic Charity Sta		_		•	<u> </u>	instructions	5	
_			te foundation becaus								
1			on of churches, or as))(1)(A)(I).	•			
2			I in section 170(b)(1								
3	•		perative hospital se	=							
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii hospital's name, city, and state							(1)(A)(iii).	Enter the		
5	=	•	erated for the benefi	_	e or univers	sity owned or o	perated by	a governme	ntal unit des	cribed in	
_			A)(iv). (Complete P	•							
6	A federal	, state, or	local government or	government	tal unit des	cribed in sect	ion 170(b)(1)(A)(v).			
7 🔽	described	d in	at normally receives (A)(vi) (Complete P		al part of its	s support from	ı a governm	ental unit or	from the ger	neral public	
8			described in section		Alfvil (Co	mnlete Part I	τ)				
9			at normally receives					ibutions mai	mhershin fee	s and aro	c c
,	=		ities related to its ex					•	•	-	,,,
			oss investment inco								
		_					•		. tax) iioiii b	usillesses	
			janization after June								
			ganized and operated							.	
11	one or mo	re public	ganized and operated ly supported organiz bes the type of supp b Type I	ations descr orting organ	ibed in sec iz <u>a</u> tion and	tion 509(a)(1) or section es 11e thro	509(a)(2) s ugh 11h	See section		Check
e f g	other that section 5 If the org check thit Since Au	n foundatı 09(a)(2) anızatıon s box gust 17, 2	ox, I certify that the on managers and other than the received a written do 2006, has the organic	her than one etermination	or more pu	iblicly support	ed organiza	etions descri	bed in section	on 509(a)(:	1) or
	following (i) a pers	•	rectly or indirectly c	ontrols, eith	er alone or	together with	persons de	scribed in (ii)	Yes	No
	and (III) b	elow, the	governing body of th	e the suppor	rted organi	zation?			110	g(i)	
	(ii) a fam	ıly membe	er of a person descri	bed in (i) abo	ove?				119	g(ii)	
	(iii) a 35	% control	led entity of a perso	n described	ın (ı) or (ıı)	above?				ı(iii)	
h			ng information about								
(i Nam suppo organiz	e of orted	(ii) EIN	EIN lines 1 - 9 above your governing		Is the organization in col (i) listed in		tify the ion in your rt?	(vi Is t organiza col (i) or in the l	he tion in ganized	(v A mou supp	unt of
			(see instructions))	Yes	No	Yes	No	Yes	No		
			,,				1				
						1					
						+	1				
						+					
						+	1				
otal						+	1				
otal	ı			i e	1	1	1	1	1	1	

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

S	ection A. Public Support		• •		/ 1		•	
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	30,806,02	21,188,464	18,359,545	21,368,554	25,	293,341	117,015,925
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	30,806,02	21,188,464	18,359,545	21,368,554	25,	293,341	117,015,925
5	The portion of total contributions by each person (other than a governmental unit or publicly							28,258,108
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							20,230,100
6	Public Support. Subtract line 5 from line 4							88,757,817
S	ection B. Total Support	I	l		l l		-	
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	A mounts from line 4	30,806,021	21,188,464	18,359,545	21,368,554	25,	293,341	117,015,925
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	996,727	455,014	240,458	525,598	!	509,701	2,727,498
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	139,380	144,863	149,895	152,877		85,747	672,762
11	Total support (Add lines 7 through 10)							120,416,185
12	Gross receipts from related activity	ties, etc (See ins	structions)	_	_	12		77,971
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	cion's first, second	, thırd, fourth, or 1	fifth tax year as a	501(c)(3) organı	zation,
	ection C. Computation of Pu							
14	Public Support Percentage for 201			11 column (f))		14		73 710 %
15	Public Support Percentage for 201					15		71 060 %
16a	33 1/3% support test—2011. If th and stop here. The organization qu				line 14 is 33 1/3%	or more,	, check	this box ►√
b	33 1/3% support test—2010. If th	e organization di	d not check the box	k on line 13 or 16	Sa, and line 15 is	33 1/3% (or more,	- '
17a	box and stop here. The organization 10%-facts-and-circumstances test				ne 13 16a or 16	h and line	14	►
- / u	ıs 10% or more, and ıf the organız	ation meets the "	facts and circumst	ances" test, che	ck this box and s t	top here. I	Explain	
	in Part IV how the organization me organization	ets the "facts an	d circumstances"	test The organiz	ation qualifies as	a publicly	/ suppo	rted ▶□
b	10%-facts-and-circumstances test							- ,
	15 is 10% or more, and if the organize Explain in Part IV how the organize							v
18	supported organization Private Foundation If the organization				-			' ▶□
	instructions	cion dia not chec	k a DOX OII IIIIE 13,	100, 100, 1700	1 1/D, CHECK CHIS	DOV BIID S	,	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

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

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
	Explanation							

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493078000113

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities).

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

ivame or	tne	organiz	ation	
The Union	of C	oncerned	Scientists	Inc

Employer identification number

04-2535767

<u>Part I-A</u>	Complete if the	he organization i	<u>s exempt undei</u>	r section 501(c)	or is a section	527 organization.

- in opposition to candidates for public office in Part IV
- Political expenditures
 - 3 Volunteer hours

art I-B	<u>Complete it</u>	<u>f the organization</u>	<u>is exempt unde</u>	r section 501	(c)(3).

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made? Yes
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

	······································	ı ug
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768	(election
	under section 501(h)).	

Α	Check		If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		_	expenses, and share of excess lobbying expenditures)

	Check if the filing organization checked box	A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	(b) Affiliated Group Totals
a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	28,881	
b	Total lobbying expenditures to influence a legisla	tive body (direct lobbying)	282,083	
C	Total lobbying expenditures (add lines 1a and 1b)	310,964	
d	O ther exempt purpose expenditures	28,308,407		
e	Total exempt purpose expenditures (add lines 1c	and 1d)	28,619,371	
f	Lobbying nontaxable amount Enter the amount fr columns	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of line	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ente	r - 0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-O-	0	

4-Year Averaging Period Under Section 501(h)

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

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

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000			
c	Total lobbying expenditures	372,049	626,194	267,861	310,964	1,577,068			
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000			
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000			
f_	Grassroots lobbying expenditures	67,942	129,861	, ,	28,881	284,407			

_	edule C (Form 990 or 990-EZ) 2011				Page 3		
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 		
		(a)		(a		(b)
		Yes	No	Am	ount		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
C	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	O ther activities? If "Yes," describe in Part IV						
j	Total lines 1c through 1i		_				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion		
			_	Y	es No		
1	Were substantially all (90% or more) dues received nondeductible by members?			1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2			
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion		
1	Dues, assessments and similar amounts from members	1					
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
а	Current year	2a					
b	Carryover from last year	2b					
C	Total	2c					
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4					
5	Taxable amount of lobbying and political expenditures (see instructions)	5					

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

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DLN: 93493078000113

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number The Union of Concerned Scientists Inc 04-2535767 organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts

- Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b
- Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (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, historical treasures, or other similar assets for financial gain, provide the
- following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

n 990

Part	III Organizations Maintaining Co	llections of Art	<u>, His</u>	toric	al Tre	asuı	res, or O	the	r Similar Ass	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	of th	e follo	-		-			on	
а	Public exhibition		d	Γ	Loan or	exch	ange progi	ams	;		
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	v they	further	the o	rganızatıor	's ex	kempt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than									Yes	┌ No
Par		ements. Comple	ete ıf	the c	rganız	atıon			es" to Form 99	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	forco	ntrıbutı	ons o	rotherass	ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $$	V and complete the	follow	ıng ta	ble		_		,		
									Amo	ount	
С	Beginning balance						-	1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	1									
Par	t V Endowment Funds. Complete										
_		(a)Current Year	(b)	Prior Y		(c) Tw	o Years Back		20,292,598	(e) Four \	ears Back
1a	Beginning of year balance	22,320,978 258,735		24,.	75,225		21,686,53 1,818,43	-	1,327,690		
b	Contributions	3,952,758			465,933		804,21	_	1,327,690		
C	Investment earnings or losses	3,932,730			+03,933		004,21	. 7	00,243		
d	Grants or scholarships Other expenditures for facilities	115,999		1 '	597,496						
е	and programs	113,555		1,.	377,450						
f	Administrative expenses										
g	End of year balance	26,416,472		22,3	320,978		24,309,18	2	21,686,533		
2	Provide the estimated percentage of the year	r end balance held a	is		•			•			
а	Board designated or quasi-endowment	98 900 %									
ь	Permanent endowment ► 1 100 %										
c	Term endowment ►										
3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	that a	re held a	and ac	dministere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations					•			3a(ii)	No
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the							•	<u>3b</u>		<u> </u>
4 Dor	Land, Buildings, and Equipme					`					
FGI	Land, Buildings, and Equipme	siit. See Follii 99	<u>0, Ра</u>				(I-) C1		(-) A		
	Description of property				Cost or o		(b)Cost or o basis (othe		(c) Accumulated depreciation	(d) Bo	ok value
	and										
	Buildings		•			1,807		\dashv	1,946,884		2,734,923
	easehold improvements		•		· · · · · · · · · · · · · · · · · · ·	1,571		\dashv			1,841,571
	quipment		•		2,06	2,268		\dashv	2,001,325		60,943
	Other				10())						
ıotal	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)	, iine .	10(C).)			•		<u> </u>	4,637,437
									Schedule D	(Form 9	90) 201

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	. ,	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
Unitrust and Annuity Agreements	1,253,013	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,253,013	
3 Fin 49 (ASC 740) Footpote In Bart VIV provide the text		aization's financial statements that reports the

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,978,646
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,347,770
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,630,876
4	Net unrealized gains (losses) on investments	4	3,319,017
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	3,319,017
10		10	5,949,893
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 † XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	29,423,892
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	_	25,425,052
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	3,445,246
3	Subtract line 2e from line 1	3	25,978,646
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		23,370,010
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	25,978,646
_	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial		23,473,999
	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		
С	Other losses		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	23,473,999
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-126,229
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	23,347,770
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	·	UCS uses the investment earnings of its endowment funds for the specific purposes designated by the donors including scientific research, new initiatives, activist and media outreach
Part XII, Line 2d - Other Adjustments		Rental Expense Reported in Part VIII, Line 6b 126,229
Part XIII, Line 4b - Other Adjustments		Rental Expense Reported in Part VIII, Line 6b -126,229

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As Filed Data -

DLN: 93493078000113

Employer identification number

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public **Inspection**

he Union of Concerned Scient	ısts Inc				04-2535767	,
Part I Fundraising Ac	tivities. Complete	e if the d	organiza	tion answered "Yes"	to Form 990, Part IV	/, line 17.
a	olicitations ns a written or oral agre n Form 990, Part VII st paid individuals or	ement wi) or entity entities	e f g th any ind / in conne (fundraise	Solicitation of nor Solicitation of gov Special fundraisin Iividual (including office ction with professional forms)	n-government grants vernment grants ig events rs, directors, trustees fundraising services? ents under which the fu	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1al Warwick 2550 Ninth Street Berkeley, CA 94710	Consults on direct mail program	Yes	No No	2,742,169	267,180	2,474,989
Donor Services Group Inc 5715 Sunset Boulevard Los Angeles, CA 90028	Consults on direct mail program		No	73,683	73,485	198
「otal			.	2,815,852	340,665	2,475,187

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

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

Part I	Fundraising Events. Commore than \$15,000 on Form				
		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	(4)
1 2	Gross receipts				
2	Less Charitable				
3	contributions Gross income (line 1				
	minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
. 7	Food and beverages				
8	Entertainment				
9	Other direct expenses .				
10	Direct expense summary Add lir	nes 4 through 9 in colum	an (d)	.	(
111	•	_	• •		,
art I	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		i tes lo foilii 990, Pa	rt IV, iiile 19, or repo	orted more than
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
1 4					
4	Rent/racinty costs				
5	Other direct expenses				
6	Volunteer labor	┌ Yes		┌ Yes	
		Г №	ΓNο	Γ No	_
7	Direct expense summary Add line	s 2 through 5 in columr	n (d)		(
8	Net gaming income summary Com	ndine lines 1 and 7 in co	olumn (a)	<u> </u>	
	nter the state(s) in which the organiz				
Is	the organization licensed to operate	e gamıng actıvıtıes ın ea	ch of these states?		· Fyes Fno
b If	"No," Explain				
 a W	ere any of the organization's gaming				
	"Yes," Explain				- , res , NO

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			_ No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

DLN: 93493078000113

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Nar	ne	ot	the	e org	ga nız	atı	on	
he	Un	ion	of (Conce	erned	Scie	entists	Ir

Employer identification number nc 04-2535767 Part Ouestions Regarding Compensation

				Yes	Νo
1a	Check the appropriate box(es) if the organization provided any 990, Part VII, Section A, line 1a Complete Part III to provide				
	First-class or charter travel	lousing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	<u> </u>	lealth or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described above	ve? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursin officers, directors, trustees, and the CEO/Executive Director,		2		
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply				
	·	Written employment contract			
		Compensation survey or study Approval by the board or compensation committee			
	1 Total 950 of other organizations 14 F	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, or a related organization	Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?	,	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqu	ualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based com	pensation arrangement?	4c		Νo
	If "Yes" to any of lines $4a-c$, list the persons and provide the	applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must comple	ete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, d compensation contingent on the revenues of				
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, d compensation contingent on the net earnings of	ıd the organızatıon pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, of payments not described in lines 5 and 6? If "Yes," describe in		7		No
8	Were any amounts reported in Form 990, Part VII, paid or acc subject to the initial contract exception described in Regs se in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttab section 53 $4958-6(c)$?	le presumption procedure described in Regulations	9		

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base (ii) Bonus & incentive compensation		incentive reportable		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) Kevın T Knobloch	(ı) (ıı)	256,293 0	0 0	C	20,914	17,134 0	294,341 0		
(2) Kathleen Rest	(ı) (ıı)	218,023 0	0 0	C	17,930	6,112 0	242,065 0		
(3) Davıd Whalen	(ı) (ıı)	210,959 0	0 0	O O	17,072	1,480 0	229,511		
(4) Cheryl Schaffer	(ı) (ıı)	176,010 0	0 0	C	14,461	6,112 0	196,583 0		
(5) Alden M Meyer	(ı) (ıı)	153,650 0	0 0	O	12,578	10,930 0	177,158 0		
(6) Peter Frumhoff	(ı) (ıı)	148,721 0	0 0	C	12,797	17,134 0	178,652 0		
(7) Margaret G Mellon	(ı) (ıı)	137,840 0	0 0	O	11,146	4,034 0	153,020		
(8) Suzanne Shaw	(ı) (ıı)	135,321 0	0 0	C	11,264	17,118 0	163,703 0		

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

DLN: 93493078000113

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

	le of the organization Union of Concerned Scientists Ir										mpioyer	identiii	ation nu	mber	
i ne	officer of Concerned Scientists In	ic								0	4-2535	5767			
Pa	Bond Issues														
										() D			On	(i)	Pool
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pr	псе	(f)	Description	of Purpose	(g) De	g) Defeased		alf of uer	fina	incing
										Yes No Y		Yes	No	Yes	No
	Massachusetts Health &						To refinance, make renovations and improvements, and to purchase equipment								
Α	Educational Facilities Authority	04-2456011	NoneA vail	07-20-2001	3,825,					X		X		X	
Pa	rt III Proceeds						puiciia	ise equipinei	IL						<u>I</u>
					A			В			С			D	
1	A mount of bonds retired														
2	A mount of bonds defeased														
3	Total proceeds of issue														
4	Gross proceeds in reserve fund	ds													
5	Capitalized interest from proce	eeds													
6	Proceeds in refunding escrow														
7	Issuance costs from proceeds														
8	Credit enhancement from proc	eeds													
9	Working capital expenditures f	rom proceeds													
10	Capital expenditures from proc	eeds													
11	Other spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completion								•				•		
					Yes	No	o	Yes	No	Yes		No	Yes	;	No
14	Were the bonds issued as part	of a current refund	ing issue?			Х									
15	Were the bonds issued as part	of an advance refu	ndıng ıssue?			Х									
16	Has the final allocation of proc			Х											
17	Does the organization maintain allocation of proceeds?	n adequate books a	nd records to supp	oort the final		Х									
Pa	rt IIII Private Business U	se											1		
					A			B	+		C	NI.	 	<u>D</u>	
_	Man the summing th			I.C. which com	Yes	No	>	Yes	No	Yes		No	Yes	+	No
1	Was the organization a partner	ın a partnersnip, oi	ra memperoran L	.LC, which owned		Х									

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Sche	edule K (Form 990) 2011									Page 2
Par	t III Private Business Use (Continued)									
			A			В		С		D
			Yes	No	Yes	No	Ye	s No	Yes	No
3a	Are there any management or service contracts that may result in private use?	business		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business use financed property?	e of bond-		Х						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use b other than a section 501(c)(3) organization or a state or local government		1			•		,		'
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to en post-issuance compliance of its tax-exempt bond liabilities?	sure the		Х						
Pai	t IV Arbitrage						-	-		
		Α			В		С		D	
		Yes	No	Yes	No)	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x							
	25/14 13542		X							

Is the bond issue a variable rate issue? Χ Has the organization or the governmental issuer entered За into a hedge with respect to the bond issue? Χ Name of provider Term of hedge C Was the hedge superintegrated? Was a hedge terminated? Were gross proceeds invested in a GIC? 4a Χ Name of provider b Term of GIC C Was the regulatory safe harbor for establishing the fair market d value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary 5 Χ Did the bond issue qualify for an exception to rebate? Χ

Part V Procedures To Undertake Corrective Action

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493078000113

. . . .

2011

OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization The Union of Concerned Scientists Inc	Employer identifi	cation number
	04-2535767	

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	The completed 990 is reviewed and discussed by the Audit Committee of the Board prior to filing
	Form 990, Part VI, Section B, Iine 12c	Affected persons (staff and Board) complete and submit the conflict of interest statement on an annual basis at the beginning of each fiscal year. This does not obviate the need to disclose potential conflicts that may arise in the interim. All forms are reviewed by the Director of Finance and Administration. Any potential conflicts are reviewed by the UCS President who determines whether a conflict exists and is material. If a matter is material, the President will bring it to the attention of the Board Chair. If the UCS President has the conflict, he or she would disclose the matter to the Board Chair directly. Disclosure involving Board members is made to the Board Chair (or if the conflict involves the Board Chair, to the Board Treasurer) who brings these matters, if material, to the Board. The Board determines whether a conflict exists and is material, and in the presence of an existing material conflict, whether the contemplated transaction may be authorized as just, fair, and reasonable to UCS.
	Form 990, Part VI, Section B, line 15	The UCS policy is that the Finance Committee of the Board be informed of the performance based recommendations for salary for key employees in the context of market information and our merit increase system. The purpose of this policy is to provide transparency and compliance with various legal standards for non-profit management. The President's salary is set after an annual merit review, by the Chair of the Board in consultation with the Treasurer and/or other Board members, as the Chair sees fit. The salaries for other key employees are set, after the annual merit review, by the management team. All salaries are set in the context of market information and our merit increase system. All salaries of key employees are reviewed by the Compensation Committee of the Board.
	Form 990, Part VI, Section C, line 19	The governing documents, conflict of interest policy, and financial statements are made available through the organization's website. The public can also access the financial statements through the "Guidestar" website (http://www2guidestar.org/)
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 3,319,017

Additional Data

Software ID: Software Version:

EIN: 04-2535767

Name: The Union of Concerned Scientists Inc

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

4d. Other program	services				
(Code) (Expenses \$	5,899,340	ıncludıng grants of \$) (Revenue \$)
scientific research before Congressior UCS sponsors Scie to the public, to sci species The goal o	and analysis, dissemination of nal committees, as well as mee entific Integrity program works ientists,and to policymakers S f the Center for Science and De	information to ting with indiv to restore sci cientific Integ emocracy is to	o the public and policyma idual Congressmen and i entific integrity to federa grity program also works o strengthen American de	n harmful food production practices throug akers, and advocacy Legislative - Appear writing, printing, and mailing of legislative il policymaking through dissemination of to protect ecosystems from harmful inva emocracy by advancing the essential role ove the health, security, and prosperity o	e alerts to Information Issive e of

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

Compensated Employees, a		ent C			015			(5)	(5)	(5)
(A) Name and Title	(B) Average hours per		tion that a	•	y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
James J McCarthy Chair/Director	5 0 0	Х		X				0	0	0
Peter A Bradford Vice Chair/Director	1 00	Х		х				0	0	0
James S Hoyte Treasurer/Dırector	5 0 0	Х		Х				0	0	0
Thomas H Stone Secretary	1 00	Х		х				0	0	0
Kurt Gottfried Board Chair Emeritus	1 00	Х						0	0	0
James A Fay Board Member Emeritus	1 00	Х						0	0	0
Andrew J Gunther Dırector	1 00	Х						0	0	0
Geoffrey M Heal Dırector	1 00	Х						0	0	0
Anne Kapuscinski Director	1 00	Х						0	0	0
Jessica Matthews Director	1 00	Х						0	0	0
Marıo J Molina Director	1 00	Х						0	0	0
Stuart L Pımm Dırector	1 00	Х						0	0	0
Louis Salkind Director	1 00	Х						0	0	0
Adele Sımmons Dırector	1 00	Х						0	0	0
Nancy Stephens Dırector	1 00	Х						0	0	0
Ellyn R Weiss Director	1 00	Х						0	0	0
Edward L Miles Director	1 00	Х						0	0	0
Richard L Garwin Director	1 00	Х						0	0	0
Thomas Eisner Director	1 00	Х						0	0	0
Fran Ulmer Rep National Advisory Board	1 00	Х						0	0	0
Kevın T Knobloch Presıdent	40 00			Х				256,293	0	38,048
Kathleen Rest Executive Director	40 00				х			218,023	0	24,042
David Whalen Chief Development Officer	40 00				х			210,959	0	18,552
Cheryl Schaffer Dırector of Fınance & Admı	40 00				х			176,010	0	20,573
Alden M Meyer Dırector of Strategy & Pol	40 00					x		153,650	0	23,508

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

(A) Name and Title	(B) Average hours	(C) Position (check a that apply)			ıll		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustae 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
Peter Frumhoff Dir of Science & Policy	40 00					х		148,721	0	29,931
Margaret G Mellon Dır of Food & Environment	40 00					Х		137,840	0	15,180
Suzanne Shaw Dir of Communications	40 00					х		135,321	0	28,382
Francesca T Grifo Sr Scientist & Dir SIP	40 00					Х		129,131	0	10,538