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OMB No 1545-0047

2014

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 private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u> </u>	For the 2	014 calen	dar year, or tax year beginning $Jun 1$, 2014, and ending	May 3	1	, 2015
В	Check if appl	licable	C Name of organization CDA COLLABORATIVE LEARNING PROJECTS,	INC. D	Employer Iden	tification number
	Address	s change	Doing business as		56-2339	052
	Name c	hange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E	Telephone num	ber
	Initial re	etum	ONE ALEWIFE CENTER 400		(617) 6	61-6310
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	X Amende	ed return	CAMBRIDGE MA 02140	G	Gross receipts	\$1,801,476.
	Applicat	tion pending	F Name and address of principal officer H(a	a) Isthisa gro	up return for sub	ordinates? Yes X No
	_		PETER WOODROW ONE ALEWIFE CENTER SUITE 400 CAMBRIDGE MA 02140	b) Are all subc	ordinates included th a list (see instr	Yes No
1	Tax-exen	npt status	X 501(c)(3) 501(c) () 4947(a)(1) or 527	ii ivo, attac	an a not 1000 mou	ucaons)
J	Website	e: ► WW	W.CDAINC.COM	c) Group exen	nption number	•
K	Form of or	ganization	X Corporation Trust Association Other ► L Year of formation	2003	M State of I	egal domicile MA
Pa	rt I	Summar	у			
		-	e the organization's mission or most significant activities: THE AGENCY	- - :		Y WITH Y
စ္ပ			RIAN AND DEVELOPMENT AGENCIES, PEACE AND CONFLIC			
ä			TIONS, MULTINATIONAL CORPORATIONS AND DONOR AGE	NCIES_1	O REDEV	ELOP
ē			CONFLICTED AREAS OF THE WORLD.	050/-64		
န			★			8
Activities & Governance			ependent voting members of the governing body (Part VI, line 1b)			7
ties			of individuals employed in calendar year 2014 (Part V, line 2a)			17
₹	6 Tota	al number	of volunteers (estimate if necessary)		6	0
8			d business revenue from Part VIII, column (C), line 12			0.
	b Net	unrelated	business taxable income from Form 990-T, line 34			0.
					r Year	Current Year
e l			and grants (Part VIII, line 1h)		41,674.	1,420,009.
Je l		_	ce revenue (Part VIII, line 2g)		502,842.	328,940.
Revenue			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,852.	278. 52,249.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2.0	87,875.	1,801,476.
	*		milar amounts paid (Part IX, column (A), lines 1-3)		0770101	
			e-or for members (Part IX, column (A), line 4)			
	15 Sal	aries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)	1.0	76,729.	1,128,928.
Expenses			undraising fees (Part X) column (A), line 11e)			
pen			ng expenses (Part IX) selumn (D), line 25) ► 0.			
Ä					25,677.	564,159.
	17 Oth 18 Tot	al expense	S (Part IX column (A), lines 11a-11d, 11f-24e)		02,406.	1,693,087.
			expenses. Subtract line 18 from line 12	2,0	85,469.	108,389.
P 00		veriue less		Reginning o	f Current Year	End of Year
anc	20 Tot	al assets (Part X, line 16)		31,968.	464,398.
Net Assets Fund Balanc	21 Tot		(Part X, line 26)		25,629.	249,670.
ž.	22 Net	assets or	fund balances. Subtract line 21 from line 20		.06,339.	214,728.
		Signatur			,	22.7.201
				f my knowledg	e and belief, it is t	true, correct, and
comp	lete Declara	tion of prepare	are than have examined this return, including adcompanying schedules and statements, and to the best of (other than officer) is based on all information of which preparer has any knowledge			
		_ <	the book		18/17	
Sig	jn	Signatu	e of officer	Date		
He	re			EXECUT:	IVE DIRE	CTOR
			print name and title			
		Print/Type p	reparer's name Preparer's signature Tr		eck if	PTIN
Pai		Julie	A. Couto, CPA / 10/11/1	7 set	f-employed	P00957645
Pre	parer	Firm's name				
US	e Only	Firm's addre				-3068663
		<u> </u>	TOPSFIELD MA 01983			8) 887-2220
			s return with the preparer shown above? (see instructions)			. X Yes No
BA	A For Pa	perwork R	eduction Act Notice, see the separate instructions. TEEA0	101 05/28/14		Form 990 (2014)

*****	Table Office of Required Coneduces			
-			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		х
-7 -	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		_x_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
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		X [×]
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If "</i> Yes," <i>complete Schedule D, Part VI</i>	11 a	Х	
ı	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	11 b		Х
•	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	11 c		х
•	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	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	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	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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 and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If Yes,' complete Schedule G, Part II	18		х
	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		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If Yes, complete Schedule I, Parts I and II Χ 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Х 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Х 245 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I......... Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Schedule L. Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If Yes', complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х 29 Х 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 32 Х Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х Х 35a 35b Х Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2014)

12 a

13 a

Х

13 c

Form 990 (2014) CDA COLLABORATIVE LEARNING PROJECTS, INC. 56-2339052 Page 5 Part_V_ Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1 c (gambling) winnings to prize winners? 2 a 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a b If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) Х 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b 5с 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e Х 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. . . g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 Х organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Х 9 a a Did the sponsoring organization make any taxable distributions under section 4966? Х b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter b Gross income from other sources (Do not net amounts due or paid to other sources

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

	1930 (2014) CDA COLLABORATIVE LEARNING PROJECTS, INC. 56-2339052		<u>, , </u>	aye o
Par	t VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	v, an	d for	
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	**	•	70 G
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
	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		
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		x
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7 a	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?	7 a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8 a	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8 b	Х	<u> </u>
9_	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
500	tion B. Policies (This Section B requests information about policies not required by the Internal Reven		nde 1	
<u> </u>	tion b. Foncies (This Section B requests information about policies not required by the internal Neven	1	Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		X
	of 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?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>
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?			
	The organization's CEO, Executive Director, or top management official	15 a	Х	
t	Other officers or key employees of the organization	15 b	<u> </u>	ļ
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			,
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		х
t	o 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?	16b		
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed Massachusetts			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	171 /		6210
	PETER WOODROW EXEC. DIR ONE ALEWIFE CENTER SUITE 400 CAMBRIDGE, MA 02140 (6)	17) (

Form 990 (2014) CDA COLLABORATIVE LEARN	ING PROJECTS, INC.	56-2339052	Page 7
Part VII Compensation of Officers, Directors Independent Contractors	s, Trustees, Key Employe	es, Highest Compensated Empl	oyees, and
Check if Schedule O contains a response or no	te to any line in this Part VII	<u> </u>	: :- <u> </u>

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

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

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

				(C)						
(A) Name and Title	(B) Average hours	Average is both an officer and a hours director/trustee) of					n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week			the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations				
(1) PETER WOODROW	40.00									
EXECUTIVE DIRECTOR & CLERK		Х		Х		Х		125,000.	0.	0
(2) DICK HARTER TREASURER	0.00	Х						0.	0.	0
(3) DAVID WHITTLESEY LP DIRECTOR	0.00	х						0.	0.	0
	0.00	Х						0.	0.	0
(5) LIZ GIBBONS DIRECTOR	0.00	х						0.	0.	0
(6) EDWARD MULHERIN DIRECTOR	0.00	х						0.	0.	0
	0.00	Х						0.	0.	0
(8) LARRY MINEAR DIRECTOR	0.00	х						0.	0.	0
(9)										
(10)										
<u>(11)</u>										
(12)										 .
(13)					-		-			
(14)										

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作品の A. Officers, Directors, Ir (A) Name and title	Average hours	(do	not ch	Positieck n) nore the	nan one both ar	- T	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)				İ						
(16)	<u> </u>						1			
(17)				7	-		-			
(18)					1		Ì			
(19)	 						1			
(20)	 				\dashv					
(21)							1			-
(22)										
(23)							1			
(24)										
(25)	 	-								
1 b Sub-total						_		125,000.	0.	0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)						•	.	125,000.	0.	0.
2 Total number of individuals (including but not limite from the organization ► 1							/ed		000 of reportable cor	
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such i	r, or trustee	e, key 	emp	oloye	ee, o	r high	es	t compensated en	nployee	Yes No
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual	than \$150,	000?	If 'Ye	es' c	omp	lete S	Sch	edule J for		. 4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If Yes,	compensat	ion fr	om a	ny u	ınrela	ated c	orga	anization or individ	dual	72 941 65
Section B. Independent Contractors 1 Complete this table for your five highest compensations.	ited indepe	nden	t con	trac	tors t	hat re	ece	eived more than \$	100,000 of	
compensation from the organization Report compensation (A) Name and business additional compensation (A)		r the	caler	ndar	year	endi	ng	with or within the (B) Description of		ar. (C) Compensation
				_			_			
							_			
2 Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin ►	nited	to the	ose	listec	abov	ve)	who received mo	re than	
BAA		TEEA				•				Form 990 (2014

e Total. Add lines 11a-11d

52,249

.476

328,940

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Part IX | Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic individuals See Part IV, line 22		-		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	125,000.	100,000.	25,000.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described				
7 Other salaries and wages	060 657	670,000	104 610	
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	862,657.	678,039.	184,618.	0.
9 Other employee benefits [55,794.	55,794.		0.
10 Payroll taxes	85,477.	85,477.	0.	0.
11 Fees for services (non-employees):	T			
a Management				
b Legal	1,012.	0.	1,012.	0.
c Accounting	24,000.	0.	24,000.	0.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	556.	556.	0.	0.
13 Office expenses	39,359.	35,344.	4,015.	0.
14 Information technology				
15 Royalties		70.010	10.006	
16 Occupancy	91,638.	79,342.	12,296.	0.
17 Travel	132,748.	132,748.	0.	0.
19 Conferences, conventions, and meetings	13,846.	13,846.	0,	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,037.	0.	19,037.	
23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	8,899.	7,704.	1,195.	0.
a TELEPHONE AND TECHNOLOGY	15,272.	13,240.	2.032	0.
b BOOKKEEPING SERVICES	17,866.	15,469.	2,397.	0.
CONSULTANTS	168,132.	168,132.	0.	0.
d				
e All other expenses	31,794.	11,356.	20,438.	0.
25 Total functional expenses. Add lines 1 through 24e	1,693,087.	1,397,047.	296,040.	0.
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following				
SOP 98-2 (ASC 958-720)	TEEA0110 05/26			Form 990 (2014

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	265,598.	1	242,529.
	2	Savings and temporary cash investments	190,228.	2	164,784.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5				· · · · · · · · · · · · · · · · · · ·
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Ø	7	Notes and loans receivable, net		7	· ·
Assets	-8-	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	24 010	9	20 654
-	_		34,810.		30,654.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
			20,429.	10 c	12,885.
	11	Less accumulated depreciation	20,429.	11	12,885.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets	20.002	14	10 606
		Other assets. See Part IV, line 11	20,903.		10,686.
	15	· · · · · · · · · · · · · · · · · · ·	504 060	15	2,860.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	531,968.	16	464,398.
	17	Grants payable	67,287.	17 18	75,603.
	18 19	Deferred revenue	350 343	19	174 067
	20	Tax-exempt bond liabilities	358,342.	20	174,067.
S		Escrow or custodial account liability Complete Part IV of Schedule D		21	
tře	21	Loans and other payables to current and former officers, directors, trustees,		41	-
Liabilities	22	key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	425,629.	26	249,670.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
Ses		lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	106,339.	27	214,728.
3a	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds		32	
et'	33	Total net assets or fund balances	106,339.	33	214,728.
Ž	34	Total liabilities and net assets/fund balances	- 531,968.	34	464,398.
BA				<u> </u>	Form 990 (2014)

_		23390	052	Pa	age 12
Pa	rt XI _ Reconciliation of Net Assets				
-	Check if Schedule O contains a response or note to any line in this Part XI	· . · .	·····		┌┐
1	Total revenue (must equal Part VIII, column (A), line 12)	1		301,4	476.
2	Total expenses (must equal Part IX, column (A), line 25)	2		593,0	
3	Revenue less expenses Subtract line 2 from line 1	3		08,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		06,	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		214,7	728.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other		_ [
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a				
	separate basis, consolidated basis, or both				/
	Separate basis Both consolidated and separate basis				
1	b Were the organization's financial statements audited by an independent accountant?		· · 2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		İ		, - 1
	basis, consolidated basis, or both: X Separate basis			70 hours	
				E 27.	37 3 - 3
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audireview, or compilation of its financial statements and selection of an independent accountant?	t, ••••	2 c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		l		
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
١	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form	1 990 (2014)

TEEA0112 05/28/14

SCHEDULE A (Form-990-or 990-EZ)-

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

CDA_COLLABORATIVE_LEARNING_PROJECTSINC.	Name o	the	organization					Employer identification	tion number		
The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: A comparation operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). Complete Part II.) A conganization operated government or governmental unit described in section 170(b)(1)(A)(v). Complete Part II.) A reganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A community fursal described in section 170(b)(1)(A)(v). (Complete Part II.) A community fursal described in section 170(b)(1)(A)(v). (Complete Part II.) A community fursal described in section 170(b)(1)(A)(v). (Complete Part II.) A community fursal described in section 170(b)(1)(A)(v). (Complete Part II.) A community fursal described in section 170(b)(1)(A)(v). (Complete Part II.) A community fursal described in the section 170(b)(1)(A)(v). (Complete Part II.) A community fursal described for the section 170(b)(1)(A)(v). (Complete Part II.) A community fursal described for the section 170(b)(1)(A)(v). (Complete Part II.) A community fursal described for the section 170(b)(1)(A)(v). (Complete Part II.) A community fursal described for the section 170(b)(1)(A)(v). (Complete Part II.) A community fursal described for the section 170(b)(1)(A)(v). (Complete Part II.) A community fursal described for the section 170(b)(1)(A)(v). (Complete Part II.) A community fursal described for the section 170(b)(1)(A)(c). (Complete Part II.) A community fursal described for the section 170(b)(1)(A)(c). (Complete Part II.) A com	CDA	C	OLLABORATIVE LEARNI	NG PROJECTS,	INC.			56-2339052	2		
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). A school described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Can conjunction operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). Complete Part II.) A regeral, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (A regeral school in section 170(b)(1)(A)(v). (Complete Part II.) A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/35 of its support from gross investment mome and unrelated business taxable income (less section 511 (ax) from businesses acquired by the organization after June 30, 1975 See section 590(a)(2). (Complete Part II.) An organization organization described in section 590(a)(2). The section 590(a)(3) of the section 590(a)(3) of the section 590(a)(3) of the section 590(a)(3). See section 590(a)(3). The section 590(a)(3) of the section 590(a)(3) of the section 590(a)(3) of the section 590(a)(3). See section 50(a)(3)(3) of the section 590(a)(3) of the section 590						mplete	this pa	art.) See instruction	S		
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Since the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part III.) An organization unrealized business (table income (less section 52) in tay from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organization and operated exclusively to test for public safety. See section 509(a)(4). An organization organizated and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 11 a through 11d that describes the type of supporting organization and complete lines 11., and 113. Type II. A supporting organization organization and complete lines 11., and 113. Type II. A supporting organization organization and complete lines 11., and 113. Type II. A supporting organization organization and complete lines 11., and 113. Type III. A supporting organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization o	The o	ga	nization is not a private foundati	on because it is (For	ines 1 through 11, check	only on	e box)				
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:	1		A church, convention of church	es, or association of c	hurches described in se	ction 17)(b)(1)(A	۸)(i).			
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:	2	Г	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E.)						
name, city, and state: A roganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) A community trust described in section 170(b)(1)(A)(V). (Complete Part III.) A community trust described in section 170(b)(1)(A)(V). (Complete Part III.) A community trust described in section 170(b)(1)(A)(V). (Complete Part III.) A community trust described in section 170(b)(1)(A)(V). (Complete Part III.) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions = subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after unit of the section 30(a)(1) or section 30(a)(1) or more than 33-1/3% of its support from gross investment income and unrelated exclusively to test for public safety. See section 509(a)(2), See section 509(a)(3), See section	3	┢				170(b)(I)(A)(iii).				
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5 Tro(b)(1/k)(A)(M). Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1/k)(A)(M). 7 A federal, state, or local government or governmental unit described in section 170(b)(1/k)(A)(M). 8 A community trust described part II) 9 A community trust described in section 170(b)(1/k)(A)(M). (Complete Part II) 9 A community trust described in section 170(b)(1/k)(A)(M). (Complete Part III) 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions = subject to certain exceptions, and (2) no more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions = subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business travable more (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 39(a)(2), (Complete Part III) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11st through 11d that describes the type of supporting organization organization organization organization and section 3 and 3. 1 Type 1.4 supporting organization section 509(a)(4) or section 509(a)(2). See section 509(a)(3). Check the box in the section 509(a)(4) organization organization organization organization organization organization organization. Tour must complete Part IV. Sections A and C. 1 Type 1.4 supporting organization organization organization with its supported organization organization. Tour must complete Part IV. Sections A and C. 2 Type III functionally integrated. A supporting organization operated in connection with its supported organization organization or		L	_	,	·						
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An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 59(a)(1) or section 59(a)(2). See section 59(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a Type I. A supporting organization and the provided organization (s), typically by giving the supported organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization (see instructions) (ii) III (iii) III (iii)		from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after									
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b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organizations g Provide the following information about the supported organizations (i) Namount of monetary support (see instructions) (ii) Type of organization organization organization organization (see instructions) (iii) Type of organization or	а	L	Type I. A supporting organizat	ion operated, supervis	ed, or controlled by its si	upported	organiza	ation(s), typically by givir	ng the supported		
management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that is a Type II, Type III functionally integrated supporting organization f Enter the number of supported organizations. g Provide the following information about the supported organization(s) (ii) Name of supported organization about the supported organization (described on lines 1-3 above writing document? (iv) is the organization intended in the production of the production intended organization (vi) Amount of monetary support (see instructions) (iv) Is the organization organization organization (vi) a support (see instructions) (iv) Amount of monetary support (see instructions) (iv) Amount of monetary support (see instructions) (iv) Amount of monetary support (see instructions) (iv) Amount of monetary support (see instructions) (iv) Amount of monetary support (see instructions) (iv) Amount of monetary support (see instructions) (iv) Amount of monetary support (see instructions)		_	complete Part IV, Sections A	and B.							
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization from the IRS that is a Type II, Type III, Type III functionally integrated organizations f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported organization about the supported organization organization (RC section above or IRC section and organization b	L	management of the supporting must complete Part IV, Secti	organization vested in ons A and C.	the same persons that	control o	r manag	e the supported organiza	ation(s) You			
instructions) You must complete Part IV, Sections A and D, and Part V. e	С		organization(s) (see instruction	s) You must comple	te Part IV, Sections A,	D, and E	•				
e Check this box if the organization received a written determination from the IRS that is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization (described on lines 1-9 above or IRC section and occurrent) (ii) Name of supported organization (described on lines 1-9 above or IRC section and occurrent) (iv) Is the (v) Amount of monetary support (see instructions) (vi) Amount of monetary support (see instructions) (vii) El (vii) Support (see instructions) (viii) El (viii) Support (see instructions) (viii) Support (see instructions) (viii) Support (see instructions) (viii) Support (see instructions) (viii) Support (see instructi	d	L	functionally integrated. The ord	anization generally m	ust satisfy a distribution i	connecti requirem	on with it ent and a	ts supported organizatio an attentiveness require	n(s) that is not ment (see		
Provide the following information about the supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) Yes No	е		Check this box if the organizat integrated, or Type III non-fund	on received a written optionally integrated sup	determination from the IF	RS that is	а Туре	I, Type II, Type III functi	onally		
(I) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (A) (B) (C) (D) (E) (II) EIN (III) EIN (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (A) (B) (C) (D) (E) (IV) Amount of monetary support (see instructions) (V) Amount of other support (see instructions) (V) Amount of other support (see instructions) (V) Amount of other support (see instructions) (V) Amount of other support (see instructions) (V) Amount of other support (see instructions) (V) Amount of other support (see instructions) (V) Amount of other support (see instructions)	f	Er	ter the number of supported org	ganizations							
(described on lines 1-9 above of RC section (see instructions) (A) (B) (C) (D) (E) Total	g	Pr	ovide the following information a	about the supported or	ganization(s)		_				
(A) (B) (C) (D) (E) Total				(ii) EIN	(described on lines 1-9 above or IRC section	organization	n listed				
(C) (D) (E) Total						Yes	No				
(C) (D) (E) Total	(A)										
(C) (D) (E) Total	(4)							-	····		
(D) (E) Total	<u>(B)</u>										
(D) (E) Total	(C)										
(E) Total	35/										
Total	<u>(D)</u>					<u> </u>					
	<u>(E)</u>								·		

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·			
begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	886,436.	1,143,522.	1,338,057.	1,544,780.	1,420,009.	6,332,804.		
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	886,436.	1,143,522.	1,338,057.	1,544,780.	1,420,009.	6,332,804.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4						6,332,804.		
<u>Sec</u>	tion B. Total Support			•	T				
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total		
7	Amounts from line 4	886,436.	1,143,522.	1,338,057.	1,544,780.	1,420,009.	6,332,804.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,111.	986.	998.	507.	278.	4,880.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)								
11	Total support. Add lines 7 through 10	an area of a second		- ~-			6,337,684.		
12	Gross receipts from related activities	es, etc (see instru	ctions)			12			
13	First five years. If the Form 990 is organization, check this box and s	s for the organization here	on's first, second, t	hırd, fourth, or fifth	tax year as a sect	tion 501(c)(3)	▶ 🔲		
	tion C. Computation of Pu			•	•				
	Public support percentage for 2014						99.92 %		
15	Public support percentage from 20	013 Schedule A, Pa	art II, line 14			15	99.61 %		
16 a	33-1/3% support test — 2014. If the and stop here. The organization of	the organization di jualifies as a public	d not check the bo cly supported organ	x on line 13, and the nization	he line 14 is 33-1/3	3% or more, check	this box		
b	33-1/3% support test — 2013. If the and stop here. The organization of	he organization did qualifies as a publi	f not check a box of cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/	3% or more, check	this box		
17 a	17 a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
	b 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
	to to an autom in the organiz		Ca box on line 13,	100, 174, 0					
BAA					Sch	nedule A (Form 990	or 990-EZ) 2014		

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

(Complete only if you	checked the boy on line 9	of Part Lor if the organization	about Wilcum of balish	r Part II. If the organization fails
			ir lailed to quality disde	i i ait ii. Ii tile organization lans
to qualify under the te	ste lieted helow hleses of	omplete Part II \		

Sec	tion A. Public Support						
Calen	idar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.')						
2	Gross receipts from admis-			<u> </u>			
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and					-	
5	either paid to or expended on its behalf						
	Total. Add lines 1 through 5						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	~ 3 51			A MARIE A LA	The state of the s	
Sec	tion B. Total Support			·			
	idar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						<u> </u>
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11 and 12)						
14	Total support. (Add lines 9, 10c, 11 and 12)	top here	<u> </u>				▶ ∏
14	Total support. (Add lines 9, 10c, 11 and 12)	top here blic Support P	ercentage		<u> </u>		
14	Total support. (Add lines 9, 10c, 11 and 12)	top here blic Support P 4 (line 8, column (f	ercentage) divided by line 13	3, column (f))		15	%
14 Sec 15 16	Total support. (Add lines 9, 10c, 11 and 12)	top here blic Support P 4 (line 8, column (f 113 Schedule A, Pa	ercentage) divided by line 13 art III, line 15	3, column (f))		15	
14 Sec 15 16	Total support. (Add lines 9, 10c, 11 and 12)	top here	Percentage and lill, line 15 ne Percentage	3, column (f))		15	8
14 Sec 15 16	Total support. (Add lines 9, 10c, 11 and 12)	top here	Percentage) divided by line 13 art III, line 15 are Percentage lumn (f) divided by	B, column (f)) B column (f)) B column (f)))		\$ \$
14 Sec 15 16 Sec 17 18	Total support. (Add lines 9, 10c, 11 and 12)	top hereblic Support P 4 (line 8, column (f. 113 Schedule A, Parestment Incor 2014 (line 10c, com 2013 Schedule A	ercentage) divided by line 13 art III, line 15 ne Percentage lumn (f) divided by A, Part III, line 17	e line 13, column (f)))	15 16	% % %
14 Sec 15 16 Sec 17 18 19 a	Total support. (Add lines 9, 10c, 11 and 12)	blic Support P 4 (line 8, column (f 113 Schedule A, Pa estment Incor 2014 (line 10c, co m 2013 Schedule A the organization d nis box and stop h	dercentage) divided by line 13 art III, line 15 are Percentage lumn (f) divided by A, Part III, line 17 ad not check the beere. The organization	e vine 13, column (f)))	15 16 17 18 n 33-1/3%, and line organization	% % % %
14 Sec 15 16 Sec 17 18 19 a	Total support. (Add lines 9, 10c, 11 and 12)	blic Support P 4 (line 8, column (f 113 Schedule A, Pa estment Incor 2014 (line 10c, co m 2013 Schedule A the organization d his box and stop h the organization d check this box and	dercentage) divided by line 13 art III, line 15 are Percentage lumn (f) divided by A, Part III, line 17 ad not check the be ere. The organizate d not check a box stop here. The or	e vine 13, column (f) ox on line 14, and lotion qualifies as a property on line 14 or line reganization qualifie	line 15 is more that bublicly supported 19a, and line 16 is	15 16 17 18 n 33-1/3%, and line organization more than 33-1/3% ported organizatior	% % % % % ► □ o, and

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			-
•	If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			~,
	the designation If historic and continuing relationship, explain	1		
_				
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was	L		
	described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	3a		
	and (c) below	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	ļ		ļ <u>.</u>
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization			
	made the determination	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	II you checked Tra of Tro III Fart I, answer (b) and (c) below			
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under	-		-
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that			
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
_	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)			
9	and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	amendment to the organizing documenty			
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of			
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
_				
1	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with			-
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
8	complete Part I of Schedule L (Form 990)	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?	'		
	If 'Yes,' provide detail in Part VI	9a		
		-		-
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
				-
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
	assets in which the supporting organization also had an interest? If Tes, provide detail in Fart VI	 		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding			
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
	anomor tay worder	130		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine	404		 -
	whether the organization had excess business holdings.)	10b	1	1

	CDA COLLABORATIVE LEARNING PROJECTS, INC. 30-233903		<u> </u>	age e
Pa	rt IV Supporting Organizations (continued)		V	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
1	A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
_	applied to such powers during the tax year	1		
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
	D. I.V			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		<u>'</u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	i		
•	The organization satisfied the Activities Test. Complete line 2 below			
I	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruct	ions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
i	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
ĺ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	-	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
	each of the supported organizations? <i>Provide details in Part VI</i>	3a		
	supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3 b	<u> </u>	

	•			
_	edule A (Form 990 or 990-EZ) 2014 CDA COLLABORATIVE LEARNING PROJECT V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			39052 Page 6
1.				uctions. All
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
<u> </u>	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		-
	ction B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
	Average monthly value of secunties	1 a		
Ī	b Average monthly cash balances	1 b		
,	Fair market value of other non-exempt-use assets	1 c		
	d Total (add lines 1a, 1b, and 1c)	1 d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5		5		
6	Multiply line 5 by 035	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		1
4	Enter greater of line 2 or line 3	4		1
5	Income tax imposed in prior year	5		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

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Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiz	ations (continued)	
ection D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purpose	s		
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizati	ons,	
3 Administrative expenses paid to accomplish exempt purposes of support			
4 Amounts paid to acquire exempt-use assets			-
5 Qualified set-aside amounts (prior IRS approval required)			- 11
6 Other distributions (describe in Part VI) See instructions			
7 Total annual distributions. Add lines 1 through 6			-
Distributions to attentive supported organizations to which the organization Part VI). See instructions			
9 Distributable amount for 2014 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
	(i)	(ii)	(iii)
ection E — Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 20
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3 Excess distributions carryover, if any, to 2014			
a			
b			
c			
d			
e From 2013		 	
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)		 	
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
a Applied to underdistributions of prior years		<u> </u>	
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b '			
C!			
d Excess from 2013			
e Excess from 2014			

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Schedule A (Form 990 or 990-EZ) 2014

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

Inspection 3

_ ► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

⇒ Open to Public

Name of the organization CDA COLLABORATIVE LEARNING PROJECTS, INC. 56-2339052 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) . . . Aggregate value of 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 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Nο 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 education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 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 Tax Year 2 a **b** Total acreage restricted by conservation easements 2 b 2 c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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. 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)(i) No In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), 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: 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 (ASC 958) relating to these items:

▶ \$

Japp		LEARNING PF			9052 Page (continued)
Part III Organizations Maintaining		·			
_3Using the organization's acquisition, acces items (check all that apply).	ssion,-and-othe	er records, check ar	ny of the following that a	re a significant use of-its	s collection— - ——
a Public exhibition		d Loan or	exchange programs		
b Scholarly research		e Other	3 1 3		
c Preservation for future generations					•
Provide a description of the organization's Part XIII	collections an	d explain how they	further the organization'	s exempt purpose in	
5 During the year, did the organization solici to be sold to raise funds rather than to be	it or receive do	nations of art, histo	rical treasures, or other	sımılar assets	Yes N
Part IV Escrow and Custodial Arra	ngements.	Complete if the	organization answ		990, Part IV,
1a Is the organization an agent, trustee, custoon Form 990, Part X?				ets not included	Yes N
b If 'Yes,' explain the arrangement in Part XI	III and complet	te the following table	9		
					Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance				1f	
2 a Did the organization include an amount or	n Form 990, Pa	art X, line 21, for es	crow or custodial accour	it liability?	YesN
b If 'Yes,' explain the arrangement in Part XI	III Check here	of the explanation h	nas been provided in Pai	t XIII	
Part V Endowment Funds. Comple	te if the ord	anization answ	ered 'Yes' to Form	990 Part IV line 10	n
	Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years bac
1 a Beginning of year balance	ouncil year	(b) Filor year	(c) IWO years back	(u) Thice years back	(e) i oui years bac
b Contributions		·			
c Net investment earnings, gains,					
and losses					+
d Grants or scholarships		† * '''			ì
d Grants or scholarships					
d Grants or scholarships e Other expenditures for facilities					
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses					
d Grants or scholarships	urrent year en	d balance (line 1g, d	column (a)) held as:		
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	urrent year en	d balance (line 1g, o	column (a)) held as:		
d Grants or scholarships e Other expenditures for facilities and programs	urrent year en	, -	column (a)) held as:		
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance		, -	column (a)) held as:		
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the c a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment	96	⁹⁶	column (a)) held as:		
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the c a Board designated or quasi-endowment ▶ b Permanent endowment ▶ c Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c st 3 a Are there endowment funds not in the pos	% nould equal 10		` "	I for the	Yes
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	% nould equal 10 session of the	% % 0%. organization that a	re held and administered		Yes N
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	% nould equal 10 session of the	9 0%. organization that a	re held and admınistered		. 3a(i)
d Grants or scholarships e Other expenditures for facilities and programs	%nould equal 10	% general section (hat all the content of the cont	re held and administered		. 3a(i)
d Grants or scholarships	% nould equal 10 session of the	% % organization that and the second secon	re held and administered		. 3a(i) . 3a(ii)
d Grants or scholarships	% nould equal 10 session of the ons listed as rethe organization	organization that and the second seco	re held and administered		. 3a(i) . 3a(ii) . 3b
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	% nould equal 10 session of the ons listed as rethe organization	organization that and the second seco	re held and administered		. 3a(i) . 3a(ii) . 3b
d Grants or scholarships	% nould equal 10 session of the ons listed as re the organization ment. answered " (a) Cos	organization that and the second seco	re held and administered R? ds 0, Part IV, line 11a.		. 3a(i) . 3a(ii) . 3b
d Grants or scholarships	% nould equal 10 session of the ons listed as re the organization ment. answered " (a) Cos (ir	% 0%. organization that an equired on Schedule on's endowment fun Yes' to Form 99	re held and administered	See Form 990, Pa	. 3a(i) . 3a(ii) . 3b
e Other expenditures for facilities and programs	% nould equal 10 session of the ons listed as rethe organization ment. (a) Cos (ir	% 0%. organization that an equired on Schedule on's endowment fun Yes' to Form 99	re held and administered R? ds 0, Part IV, line 11a.	See Form 990, Pa	. 3a(i) . 3a(ii) . 3b
e Other expenditures for facilities and programs	nould equal 10 session of the ons listed as rethe organization ment. answered " (a) Cos (ir	% 0%. organization that an equired on Schedule on's endowment fun Yes' to Form 99	re held and administered R? ds 0, Part IV, line 11a. (b) Cost or other basis (other)	See Form 990, Pa	. 3a(i) . 3a(ii) . 3b
e Other expenditures for facilities and programs	nould equal 10 session of the ons listed as re the organization ment. answered " (a) Cos (ir	% 0%. organization that an equired on Schedule on's endowment fun Yes' to Form 99	re held and administered R? ds 0, Part IV, line 11a.	See Form 990, Pa	art X, line 10.

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Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 CDA COLLABORATIVE	LEARNING PRO	JECTS, INC.	56-2339052	Page 3
Part VII Investments — Other Securities.	·			
Complete if the organization answered				
(a) Description of security or category (including name of security)		(c) Method of val	uation Cost or end-of-year market v	/alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)	-			
(D)	-			
(E)				·
(F) (G)				
(H)				
(I)				
Total (Column (b) must equal Form 990, Part X, column (B) line 12) · · ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered	'Yes' to Form 990			
(a) Description of investment type	(b) Book value	(c) Method of valua	tion: Cost or end-of-year mark	ket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(9)				
(10)				
Total (Column (b) must equal Form 990, Part X, column (B) line 13)▶ Part IX Other Assets.	· I		· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered	Yes' to Form 990	, Part IV, line 11d. Se	e Form 990, Part X, line	e 15.
(a) De	escription		(b) Boo	k value
(1)				
(2)				
(3)				
(4) (5)				
(6)	· · · · · · · · · · · · · · · · · · ·			-
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15.)		<u></u> ▶	
Part X Other Liabilities.		. 44 446 C F 00/	0 D-4 V E 0F	
Complete if the organization answered 'Yes' to f	orm 990, Part IV, line (b) Book val		U, Part X, line 25	
(a) Description of liability (1) Federal income taxes	(b) Book var	ue		
(2)				
(3)				
(4)		-		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total (Column (b) must equal Form 990, Part X, column (B) line 25). 2. Liability for uncertain tax positions In Part XIII, provide the text of the foo		financial statements that consider	the organization's liability for upget	ain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote				
BAA	TEEA3303 08/25/14		Schedule D (Fon	

Schedule D (Form 990) 2014 CDA COLLABORATIVE LEARNING PROJECTS, INC.	56-2339052	Page 4
Part XI - Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,801,476.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII)	_	
e Add lines 2a through 2d	2е	
3 Subtract line 2e from line 1		1,801,476.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		<u>-i</u>
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)	_	
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	1,801,476.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1 :	1,693,087.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses	_	
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1		1,693,087.
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 XIII)	_	
6 Add burn 4n and 4h	1 4 4 1	

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

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information.

Schedule **D** (Form 990) 2014

693,087

Schedule F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.

 2014
Open to Public
Inspection

OMB No 1545-0047

Name of the organization

Employer Identification number

<u>CD</u> A	COLLABORATIVE LEARNING PROJECTS,	INC	56-2339052
Part	I General Information on Activities Outs	side the United States. Complete if the o	rganization answered 'Yes
	on Form 990. Part IV. line 14b.	•	•

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?..... XYes

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and	(d) Activities conducted in region (by type) (e.g.,	(e) If activity listed in (d) is a program service, describe	(f) Total expenditures for and investments
	region	independent contractors in region	fundraising, program services, investments, grants to recipients located in the region)	specific type of service(s) in region	in region
(1) South Asia	0	2	PROGRAM SERVICE	TRANSLATION	6,000
(2) Sub-Saharan Africa	0		PROGRAM SERVICE	TRAINING	16,000
(3) South America	0	1	PROGRAM SERVICE	TRANSLATION	7,000
(4) Europe	0_	5	PROGRAM SERVICE	TRAINING	30,000
(5)					
(6)		<u> </u>			
(7)					
(8)					
(9)					
10)					
11)					
12)					L
13)					
14)					
15)	_				
16)					
17)					
3 a Sub-total	0	13			59,000
b Total from continuation sheets to Part I					

. ' ' Page 3	<u> </u>	d of ook, isal,					!														014
_• <u>a`</u>	_	(h) Method of valuation (book, FMV, appraisal, other)									-	-	,	-					-		Schedule F (Form 990) 2014
56-2339052	s' on Form 990,	(g) Description of non-cash assistance																			Schedule F
-96-	vered 'Yes	at of non- sistance																			
	ıtion answ	(f) Amount of non- cash assistance																			
	te if the organiza	(e) Manner of cash disbursement																			
, INC.	ed States. Comple eded.	(d) Amount of cash grant																			TEEA3503 06/13/14
ING PROJECTS,	utside the United Sta onal space is needed.	(c) Number of recipients																			·
COLLABORATIVE LEARNING	nce to Individuals O	(b) Region																			
Schedule F (Form 990) 2014 CDA COL	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	ВАА

	dule F (Form 990) 2014 CDA COLLABORATIVE LEARNING PROJECTS, INC. 56 Foreign Forms	-2339052	Page
-1-	-Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If Yes, the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Pt I Line 3 Col (F) EXPENDITURES IN REGION ARE REPORTED ON THE ACCRUAL BASIS Pt I Line 2

THE ORGANZIATION REQUIRES EXPENSE REPORTS WITH RECEIPTS TO VALIDATE EXPENSES INCURRED. THESE EXPENSE REPORTS ARE REVIEWED AND AUTHORIZED BY THE PROJECT DIRECTOR PRIOR TO PAYMENT. NARRATIVE REPORTS ARE ALSO REQUIRED FOR CERTAIN GRANTS.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is

2014

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

CDA	COL	TABOKAT.I	LVE L	EARNING	PROJ	ECTS,	INC.				<u> 56-2</u>	<u>339052</u>
Part		Excess B	enefit	Transact	ions (section	501(c)(3) and section art IV, line 25a	n 501(c)(4)	organiza	ations	only).
		Complete if t	the orga	anization ans	wered "	Yes' on F	orm 990, Pa	art IV, line 25a	or 25b, or For	m 990-EZ.	Part V	, line 40b

4	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rected
•		person and organization		Yes	No
(1)					
(2)					
(3)					
(4)			-		
(5)					
(6)					

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons. Part II

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(I) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2014

Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ECRATCHIT	ENTITY OWNED BY DIRECTOR	10,623.	BOOKKEEPING SERVICES		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

90-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number 56-2339052 CDA COLLABORATIVE LEARNING PROJECTS, INC. DOCUMENTS ARE AVAILABLE UPON REQUEST AND CERTAIN DOCUMENTS ARE AVAILABLE Pt VI, Line 19 ON GUIDESTAR.ORG ON AN ANNUAL BASIS, EACH BOARD MEMBER COMPLETES, SIGNS, AND DELIVERS TO THE TREASURER A CONFLICT OF INTEREST POLICY. ALL RESPONSES ARE REVIEWED BY THE TREAUSRER AND IF THERE IS A QUESTION OF A POSSIBLE CONFLICT, THEY ARE REVIEWED AND VOTES ON BY THE BOARD IN ACCORDANCE WITH THE POLICY Pt VI, Line 12c REGARDING CONFLICT OF INTEREST. THE MANAGEMENT COMMITTEE COMPRISED OF THE EXECUTIVE DIRECTOR, COO AND CFO MEET IN FEBRUARY TO MARCH AND DISCUSS SALARIES FOR ALL EMPLOYEES AND LOOK AT HOW PERCENTAGES OF INCREASES AFFECT BUDGETS AND PROJECTS. EXECUTIVE DIRECTOR'S SALARY IS NOT INCLUDED IN THIS DISCUSSION. A DECISION IS MADE BY UNANIMOUS VOTE IF SALARY INCREASES ARE APPROPRIATE FOR THE NEXT 12 MONTHS BEGINNING MARCH 1ST AND WHAT PERCENTAGE THE INCREASE SHOULD BE. THE INCREASE IS THE SAME FOR ALL EMPLOYEES WITH THE EXCEPTION OF EMPLOYEES WITH LESS THAN ONE YEAR OF EMPLOYMENT. **EMPLOYEES** WITH LESS THAN ONE YEAR OF EMPLOYMENT ARE EVALUATED AND RAISES OR A ONE TIME BONUS IS CONSIDERED BASED ON THEIR PERFORMANCE. THIS MANAGEMENT COMMITTEE PRESENTS THE SUGGESTED SALARY INCREASES TO THE FULL BOARD OF DIRECTORS FOR A VOTE. THE COO AND CFO CONFER ABOUT HOW VARIOUS PERECENTAGE INCREASES WOULD AFFECT THE EXECUTIVE DIRECTOR'S SALARY OUTSIDE INFORMATION GATHERED FROM OTHER NON-PROFITS IS REVIEWED LEVEL. THIS INFORMATION IS PRESENTED TO THE FULL BOARD OF DIRECTORS WITH THE EXECUTIVE DIRECTOR NOT PRESENT. THE INDEPENDENT BOARD OF DIRECTOR MEMBERS VOTE AND APPROVE THE INCREASE FOR THE EXECUTIVE Pt VI, Line 15b DIRECTOR. THE FORM 990 IS PROVIDED TO EACH BOARD MEMBER TO REVIEW AND DISCUSS PRIOR TO FILING. Pt VI, Line 11b THE ORGANIZATION PREPARES THE FORM 990 ON A MODIFIED CASH BASIS TO Pt XII, Line 1 RECORD GRANTS AND COTNRACT REVENUE WHEN THEY ARE RECEIVED.

THE BOARD OF DIRECTORS REVIEWS AND VOTES ON THE EXECUTIVE DIRECTORS

Pt VI, Line 15a SALARY.