

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **JAN 1, 2011** and ending **AUG 31, 2011**

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
SCIENCE FROM SCIENTISTS, INC.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
515 BEACON STREET

City or town, state or country, and ZIP + 4
BOSTON, MA 02215

D Employer identification number
20-0792574

E Telephone number
617-216-7160

F Group Exemption Number **▶**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Accounting Method Cash Accrual Other (specify) **▶**

I Website: **▶ WWW.SCIENCEFROMSCIENTISTS.ORG**

J Tax-exempt status (check only one) -- 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

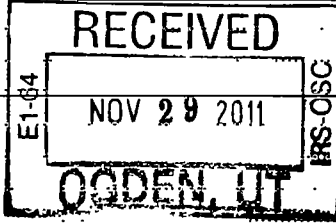
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **▶ \$ 159869.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, and similar amounts received	1	159869.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	159869.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	73523.
	13	Professional fees and other payments to independent contractors	13	11419.
	14	Occupancy, rent, utilities, and maintenance	14	4500.
	15	Printing, publications, postage, and shipping	15	714.
	16	Other expenses (describe in Schedule O)	16	27775.
	17	Total expenses. Add lines 10 through 16	17	117931.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	41938.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	29837.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	71775.



See Schedule O

SCANNED DEC 27 2011

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

Form **990-EZ** (2010)

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02-02-11

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
- 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T
 - a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?
 - b If "Yes," has it filed a tax return on Form 990-T for this year?
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.
 - b Did the organization file Form 1120-POL for this year?
- 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
 - b If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A
- 39 Section 501(c)(7) organizations. Enter
 - a Initiation fees and capital contributions included on line 9 ▶ 39a N/A
 - b Gross receipts, included on line 9, for public use of club facilities ▶ 39b N/A
- 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.
 - b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
 - c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.
 - d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.
 - e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
- 41 List the states with which a copy of this return is filed ▶ MA
- 42a The organization's books are in care of ▶ ERIKA N. EBBEL ANGLE Telephone no ▶ 617-216-7160
 Located at ▶ 6 CANAL PARK #407, CAMBRIDGE, MA ZIP +4 ▶ 02141
 - b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If "Yes," enter the name of the foreign country. ▶
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
 - c At any time during the calendar year, did the organization maintain an office outside of the U S ?
 If "Yes," enter the name of the foreign country ▶
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

	Yes	No
33		X
34		X
35a		X
35b	N/A	
36		X
37b		X
38a		X
38b	N/A	
39a	N/A	
39b	N/A	
40b		X
40e		X
42b		X
42c		X
43	N/A	
44a		X
44b		X
44c		X
44d		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Maureen Giffin* Date: 11/5/11
 Type or print name and title: Maureen Giffin, Treasurer

Paid Preparer Use Only

Print/Type preparer's name ARTHUR FERRETTI JR.	Preparer's signature <i>Arthur Ferretti Jr.</i>	Date 10/28/11	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ ARTHUR FERRETTI, JR., CPA	Firm's EIN ▶			
Firm's address ▶ 10 MARIONS WAY GEORGETOWN, MA 01833	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization **SCIENCE FROM SCIENTISTS, INC.** Employer identification number **20-0792574**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 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)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	73594.	88240.	204460.	115000.	125984.	607278.
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	73594.	88240.	204460.	115000.	125984.	607278.
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						607278.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	73594.	88240.	204460.	115000.	125984.	607278.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						607278.

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	100.00 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

SCIENCE FROM SCIENTISTS, INC.

Employer identification number

20-0792574

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:	Amount:
TEACHING SUPPLIES	5641.
TELEPHONE	665.
PAYROLL TAXES & EMPLOYEE COSTS	5812.
ADMIN EXPENSES	1305.
STUDENT AWARDS	2213.
TRANSPORTATION & AUTO	7690.
MUSEUM TICKETS	2662.
INSURANCE	1787.
Total to Form 990-EZ, line 16	27775.

Form 990-EZ, Part III, Primary Exempt Purpose - The primary goal of Science from Scientists is to spark student interest in mathematics and the sciences by bringing the hands-on aspects of these subjects to the students so that they can learn the direct real-life applications of math and science.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

SCIENCE FROM SCIENTISTS
STATEMENT OF PROGRAM SERVICES
20-0792574

The primary goal of Science from Scientists is to spark student interest in mathematics and the sciences by bringing the hands-on aspects of these subjects to the students so that they can learn the direct real-life applications of math and science.

Currently we run the following programs:

1) The Exciting World of Science: (Program in progress since 2002) For this program, Science from Scientists has designed hands-on, activity-based modules in STEM (science, technology, engineering, and mathematics) to serve as teaching supplements. Modules incorporate national and state standards and have been designed to contain a lecture segment and a hands-on laboratory segment. We have developed modules in biology, chemistry, earth science, and physics on many topics the students would not yet typically see at school. Our staff members go into the schools during the school day - or in after-school programs in the case of some partnerships - and teach our modules to students in grades 4-8. The primary goal is to spark the students' interest in science, but because the modules are based on accepted standards, they also complement classroom curricula and help students prepare for the Massachusetts Comprehensive Assessment System (MCAS).

We provide the teaching staff and all of the materials. The schools pay nothing. To date, this is our most extensive program. We are working with hundreds of students from all around Massachusetts. We are currently teaching in all middle schools in Everett, MA, in several schools in Revere, MA. We are also teaching in Brookline, Marblehead, Newton, Somerville, Cambridge, and Winchester, MA.

2) Science fair

Science from Scientists instructors are available to assist teachers and instruct students in grades 4-12 through the science fair process from start to finish. Students learn about the scientific method, experimental design, data analysis, and creating an attractive, informative and succinct display. We are able to offer schools aid throughout the entire science fair process by: administering a science fair, offering additional guidance as tutors, or serving as judges.

Application To Adopt, Change, or Retain a Tax Year

OMB No 1545-0134

Attachment
 Sequence No **148**

▶ See separate instructions.

Part I General Information

Important: All filers must complete Part I and sign below. See instructions.

Type or Print	Name of filer (if a joint return is filed, also enter spouse's name) (see instructions) SCIENCE FROM SCIENTISTS, INC.	Filer's identifying number 20-0792574
	Number, street, and room or suite no (if a P O box, see instructions) 515 BEACON STREET	Service Center where income tax return will be filed OGDEN, UT
	City or town, state, and ZIP code BOSTON, MA 02215	Filer's area code and telephone number/Fax number (617) 216-7160 / ()
	Name of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)
	Name of person to contact (if not the applicant or filer, attach a power of attorney) ERIKA N. EBBEL ANGLE	Contact person's area code and telephone number/Fax number (617) 216-7160 / ()

1 Check the appropriate box(es) to indicate the type of applicant (see instructions).

<input type="checkbox"/> Individual	<input type="checkbox"/> Cooperative (sec. 1381(a))	<input type="checkbox"/> Passive foreign investment company (PFIC) (sec. 1297)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Controlled foreign corporation (CFC) (sec. 957)	<input type="checkbox"/> Other foreign corporation
<input type="checkbox"/> Estate	<input type="checkbox"/> Foreign sales corporation (FSC) or Interest-charge domestic international sales corporation (IC-DISC)	<input checked="" type="checkbox"/> Tax-exempt organization
<input type="checkbox"/> Domestic corporation	<input type="checkbox"/> Specified foreign corporation (SFC) (sec. 898)	<input type="checkbox"/> Homeowners Association (sec. 528)
<input type="checkbox"/> S corporation	<input type="checkbox"/> 10/50 corporation (sec 904(d)(2)(E))	<input type="checkbox"/> Other _____ (Specify entity and applicable Code section)
<input type="checkbox"/> Personal service corporation (PSC)	<input type="checkbox"/> Trust	

2a Approval is requested to (check one) (see instructions):

Adopt a tax year ending ▶ (Partnerships and PSCs: Go to Part III after completing Part I.)

Change to a tax year ending ▶ **AUGUST 31** Retain a tax year ending ▶

b If changing a tax year, indicate the date the present tax year ends. ▶ **DECEMBER 31**

c If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ▶ **JANUARY 1**, 20 **11**, and ending ▶ **AUGUST 31**, 20 **11**

3 Is the applicant's present tax year, as stated on line 2b above, also its current financial reporting year? ▶ Yes No

If "No," attach an explanation.

4 Indicate the applicant's present overall method of accounting.

Cash receipts and disbursements method Accrual method

Other method (specify) ▶

5 State the nature of the applicant's business or principal source of income.

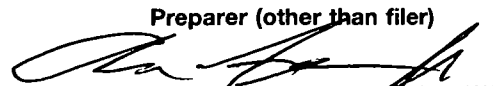
NON PROFIT ORGANIZATION TO SPARK INTEREST IN MATH/SCIENCE BY USING A HANDS ON APPROACH. INCOME DERIVED FROM PUBLIC & PRIVATE DONATIONS.

Signature—All Filers (See Who Must Sign in the instructions.)

Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all information of which preparer has any knowledge.

Filer*

 Signature and date

Preparer (other than filer)

 Signature of individual preparing the application and date

MAUREEN GRIFFIN, TREASURER
 Name and title (print or type)

ARTHUR FERRETTI, JR., CPA
 Name of individual preparing the application

*If the application is filed on behalf of a controlled foreign corporation or a 10/50 corporation by a controlling domestic shareholder, see instructions

ARTHUR FERRETTI, JR., CPA
 Name of firm preparing the application

Part II Automatic Approval Request (see instructions)

Identify the revenue procedure under which this automatic approval request is filed 85-58

Section A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or its successor)

Table with 2 columns: Question, Yes, No. Contains questions 1, 2, and 3 regarding automatic approval for corporations.

Section B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)

Table with 2 columns: Question, Yes, No. Contains questions 4, 5, 6, 7, and 8 regarding automatic approval for partnerships, S corporations, PSCs, and trusts.

Section C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)

Table with 2 columns: Question, Yes, No. Contains question 9 regarding automatic approval for individuals.

Section D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)

Table with 2 columns: Question, Yes, No. Contains question 10 regarding automatic approval for tax-exempt organizations.

Part III Ruling Request (All applicants requesting a ruling must complete Section A and any other section that applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)

Section A—General Information

Table with 2 columns: Question, Yes, No. Contains questions 1, 2, 3, 4a, 4b, and 5 regarding ruling requests.

		Yes	No
6 Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period:			
Generated	Expiring		
Net operating loss \$ _____	\$ _____		
Capital loss \$ _____	\$ _____		
Unused credits \$ _____	\$ _____		
7 Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of Rev. Proc. 2002-39, or its successor) ▶ \$ _____			
8a Is the applicant a U.S. shareholder in a CFC? ▶			
If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the percentage of total combined voting power of the applicant, and the amount of income included in the gross income of the applicant under section 951 for the 3 tax years immediately before the short period and for the short period.			
b Will each CFC concurrently change its tax year? ▶			
If "Yes" to line 8b, go to Part II, line 3.			
If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S. shareholder.			
9a Is the applicant a U.S. shareholder in a PFIC as defined in section 1297? ▶			
If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net capital gain from the PFIC included in the income of the applicant.			
b Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund? ▶			
10a Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation, a shareholder of an IC-DISC, or a shareholder of an FSC? ▶			
If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust, estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year and for the short period. Indicate the percentage of gross income of the applicant represented by each amount.			
b Will any partnership concurrently change its tax year to conform with the tax year requested? ▶			
c If "Yes" to line 10b, has any Form 1128 been filed for such partnership? ▶			
11 Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office? ▶			
If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues involved in each request.			
12 Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application? ▶			
13 Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the IRS proposes to disapprove the application? ▶			
14 Enter amount of user fee attached to this application (see instructions) ▶ \$ _____			
Section B—Corporations (other than S corporations and controlled foreign corporations) (see instructions)			
15 Enter the date of incorporation. ▶			
16a Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? ▶			
b If "Yes," will the corporation be going to a permitted S corporation tax year? ▶			
If "No" to line 16b, attach an explanation.			
17 Is the corporation a member of an affiliated group filing a consolidated return? ▶			
If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return, tax year, and Service Center where the applicant files the return; (b) the name, address, and identifying number of each member of the affiliated group; (c) the taxable income (loss) of each member for the 3 years immediately before the short period and for the short period; and (d) the name of the parent corporation.			
18a Personal service corporations (PSCs): Attach a statement providing each shareholder's name, type of entity (individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and amount of income received from the PSC for the first preceding year and the short period.			
b If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year.			
<input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____)			
<input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))			

Section C—S Corporations (see instructions)

	Yes	No
19 Enter the date of the S corporation election. ▶		
20 Is any shareholder applying for a corresponding change in tax year? ▶ If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get advance approval to change its tax year.		
21 If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year. <input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____) <input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))		
22 Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period.		

Section D—Partnerships (see instructions)

	Yes	No
23 Enter the date the partnership's business began. ▶		
24 Is any partner applying for a corresponding change in tax year? ▶		
25 Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits.		
26 Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)? ▶ If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest in capital and profits, and the amount of income received from each PSC for the first preceding year and for the short period.		
27 If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year. <input type="checkbox"/> Grandfathered (attach copy of letter ruling) <input type="checkbox"/> Section 444 election (date of election _____) <input type="checkbox"/> Letter ruling (date of letter ruling _____ (attach copy))		

Section E—Controlled Foreign Corporations (CFC)

28 Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period.		
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Section F—Tax-Exempt Organizations

	Yes	No
29 Type of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Other (specify) ▶		
30 Date of organization. ▶		
31 Code section under which the organization is exempt. ▶		
32 Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶		
33 Enter the date the tax exemption was granted. ▶ Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation.		
34 If the organization is a private foundation, is the foundation terminating its status under section 507? . . ▶		

Section G—Estates

35 Enter the date the estate was created. ▶		
36a Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each person who is an interested party of any portion of the estate. b Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before the short period and for the short period.		

Section H—Passive Foreign Investment Companies

37 If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name, address, identifying number, and percentage of interest owned.		
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