## Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2021 calend	dar year, or tax	year begin	ning 7/(	)1	, 20	21, and	endin	g 6/3	30	,	<b>20</b> 2022	
В	Check if a	pplicable:	С								D Employe	er identif	fication number	
	Addre	ess change	CENTER FOR	R EXCEL	LENCE IN	NONPRO	FITS				77-0	3852	218	
	Name	e change	330 TWIN 1	OOLPHIN	DRIVE #	<sup>‡</sup> 151					<b>E</b> Telephor			
	$\vdash$	l return	REDWOOD C	ITY, CA	94065-1	L <b>4</b> 55					650-	-517-	-5855	
		eturn/terminated										<u> </u>		
	$\vdash$	nded return									G Gross re	ceints Š	1,908,	901
	-	ication pending	F Name and addre	ess of principa	l officer:					H(a) Is this	a group return			X No
	Mphili	ication pending	SAME AS C	7 DOTTE	SHA	NA PEET	E		1	• •			<u> </u>	No
	Tay ava	amant atatua.	X 501(c)(3)	· · · · · · · · · · · · · · · · · · ·	\ <b>_</b> /ii	nsert no.)	4947(a)(1	\or	527	lf "No,"	subordinates " attach a list.	See inst	tructions.	
<u> </u>		empt status:		501(c) (	) - (11	isert no.)	4947(a)(1	) 01						
<del></del>			W.CEN.ORG	<del></del>		1		I			exemption nu			
K		f organization:	X Corporation	Trust	Association	Other -		L Year of	formati	on: 199	4   W S	tate of le	egal domicile: CA	
Pe		Summar	<b>y</b> be the organiza	tion's miss	on or most	cianificant o	otivitios. I	TAT	יייים מיי	2 001112	TONC DE	ZDM.		
			BILITY OF							7 THE -	TONG-11	- KIM		
çe	] 3	ODIVINA	DILLII OF	MONEKO.	CTT TEVT	EK2 WINT	OKGWIN	TTWIT	ONS.				<del>-</del>	
Governance	-								050					
le L	2 C	heck this bo	ov ▶ ☐ if the	organizatio	n discontinu	ed its oner	ations or	 besognair	KEU	EIVED	) 25%	et ass	 sets	
õ	3 N		oting members of	of the gove	n discontinu	Part VI. line	e 1a)	nome	y Ge	enerai"	s onice	3	3013.	16
જ	A N	lumber of in	dependent votir	a mamhar	s of the nove	erning hody	(Part VI	line 1h)		211611866		4		14
ties	5 To	otal number	of individuals e	mployed in	n calendar y	ear 2021 (P	art V, line	2a)	MAY	1.6.202	/3	5		15
Activities &	6	otai number	r of volunteers (	estimate it	necessary).							6		15
Ac	7a To	otal unrelate	ed business rev	enue from	Part VIII, co	lumn (C), li	ne 12 🦰	egistry	of C	haritab	le Trusts	7a		0.
	<b>b</b> N	let unrelated	d business taxab	ole income	from Form 9	990-T, Part	I, line 11.	·				7b		0.
	1 .										rior Year		Current Ye	
Ð	1		and grants (Pa								L,016,2		1,686,	
Revenue		•	vice revenue (Pa		· ·						348,7		221,	442.
eve	1		ncome (Part VIII								9,0			966.
<b>E</b>	1		e (Part VIII, col								82,7		1 000	256.
			e – add lines 8								1,456,7	35.	1,908,	901.
	1		imilar amounts											<del></del>
		Benefits paid to or for members (Part IX, column (A), line 4)											1 0 4 0	
ø	<b>15</b> S									<b>——</b>	892,186.		1,049,	5/5.
nse	<b>16a</b> P	rofessional	fundraising fees	(Part IX,	column (A),	line 11e)								
Expenses	b T	otal fundrais	sing expenses (	Part IX, co	lumn (D), Iir	ne 25) 🟲 _		99,1	121.					
ú	<b>17</b> O	ther expens	ses (Part IX, col	umn (A), li	nes 11a-11d	l, 11f-24e).					295,8	53.	777,	,553.
	18 T	otal expens	es. Add lines 13	3-17 (must	equal Part I	X, column (	(A), line 25	5)			1,188,0	39.	1,827	,128.
	19 R	Revenue less	s expenses. Sub	tract line 1	8 from line	12					268,6			773.
5 8										Beginni	ng of Curren		End of Ye	ar
ets	20 ⊤		(Part X, line 16)								798,4		1,014	,681.
t Assets o	21 ⊤	otal liabilitie	es (Part X, line 2	26)							100,9	26.	198	,350.
Net	<b>22</b> N	let assets o	r fund balances.	Subtract I	ine 21 from	line 20					697,4	90.	816	,331.
P	art II	Signatui	re Block							<del></del>				
Parameter .		·	eclare that Have exa	amined this ret	urn, including ac	companying so	hedules and	statements	, and to	the best of r	ny knowledge	and beli	ief, it is true, correct	, and
com	plète. Decl	laration of preparent	arer (other than office	r) is based on	all information	of which prepar	er has any kn	nowledge.						
			X								5	191	23	
Si	gn	Signati	ure of officer							D	ate 37	. ,	-	
He	ere	SHA	NA PEETE							CEO				
		Type o	r print name and title											
		Print/Type	preparer's name		Preparer's sig	nature		Dat	e.	-	Check	if	PTIN	
Pa	id	VIKKI	C. RODRIGUEZ,	CPA	VIKKI C.	RODRIGUE	EZ, CPA	4	/28/2	:3	self-employe	ed	P00685455	
	eparer		· · · · · · · · · · · · · · · · · · ·	ASSOCIAT						110000430				
	se Only				E STE 215					Firm's EIN ► 94-2590179				
	•			T HILL,							Phone no.		930-0902	
Ma	v the IR	RS discuss tl	his return with the			ve? See ins	structions							No

Form	990 (2021) CENTER FOR EXCELLENCE IN NONPROFITS	77-0385218	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO IMPROVE THE LONG-TERM SUSTAINABILITY OF NONPROFIT LEADERS AND	ORGANIZATIONS	BY
	OFFERING THE HIGHEST QUALITY PROGRAMS, CONSULTATION, TRAINING AN	D COMMUNITY- BU	JILDING
	NETWORKS.		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or	_
	Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes	X No
	If "Yes," describe these changes on Schedule O.	_	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	rices, as measured by eas to others, the total e	expenses. xpenses,
		<del></del>	
4 a		Revenue \$	)
	PROGRAMS OTHER: CAPACITY-BUILDING OPPORTUNITIES DELIVERED THROUG	H_CEN'S_CHANNEI	LS_THAT_
	ARE FUNDED BY EXTERNAL PARTNERING ORGANIZATIONS.		
41	NONPROFIT WORKSHOPS: INTERACTIVE TRAININGS THAT EXPLORE LEADING AREAS OF NONPROFIT LEADERSHIP AND PROFESSIONAL DEVELOPMENT. TOPI MANAGEMENT, NONPROFIT FINANCIALS, BOARD DEVELOPMENT, AND FUNDRAI	CS INCLUDE	ARIOUS _
	c (Code: ) (Expenses \$ 274,434. including grants of \$ ) (	Revenue \$	
•	COHORT: MULTI-MONTH PROGRAMS THAT PROVIDE SPACES FOR LEARNING AN AMONG NONPROFIT LEADERS, STAFF, VOLUNTEERS, AND OTHER INTERESTED TOOLS TO PROMOTE GROWTH, REPRESENTATION, SUSTAINABILITY, AND IDE PROGRAMS INCLUDE LEADERS INSTITUTE, BUILDING REPRESENTATIVE BOAR ORGANIZATIONAL PREPAREDNESS, AND EXECUTIVE ROUNDTABLES.	D COMMUNITY BU PARTIES, AS W AL PRINCIPLES.	
	d Other program services (Describe on Schedule O.)  (Expenses \$ 425,815. including grants of \$ ) (Revenue \$		)
4	e Total program service expenses ► 1,541,268.		
BAA	TEEA0102L 09/22/21	Forr	n <b>990</b> (2021)

Form 990 (2021) CENTER FOR EXCELLENCE IN NONPROFITS 77-0385218 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A..... 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Х 3 4 Χ 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...... Х 5 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, X 6 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ complete Schedule D, Part III....... 8 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V...... Х 10 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? If 'Yes,' complete Schedule D, Part VI X **b** Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. Х 11 b c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII....... Х 11 c 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 Х in Part X, line 16? If 'Yes,' complete Schedule D, Part IX...... X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11 e 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.... Х 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional....... Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a **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...... 14h X 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..... Х 15 Х 16 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 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II...... 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. 19 X X 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H......

20b

Х

domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.....

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Х

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Part IV Checklist of Required Schedules (continued) Yes No 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 Χ 23 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a..... Χ 24a 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? **d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a 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* Schedule L, Part I . . . . 25b Х X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these Х persons? If 'Yes,' complete Schedule L, Part III..... 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х 'Yes,' complete Schedule L, Part IV..... 28a X b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes, Х complete Schedule L, Part IV..... 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... X X 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 X Schedule N, Part II. 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1..... Х 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... X **b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2...... 35b 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.................. 37 Х Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Х 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 1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable ...... 12 **b** Enter the number of Forms W-2G included on 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

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				res	NO
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	<b>2</b> a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment	t tax returns?	2 b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	r?	3 a		_X_
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O		3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other fi	r authority over, a nancial account)?	4 a		Х
	If 'Yes,' enter the name of the foreign country▶		4		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	, ,	<u> </u>		- 17
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5 a	$\longrightarrow$	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt		5 b		X
_	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?		6 a		X
	If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	ons or gitts were	6 b		
	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?		7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?		7 c		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F as required?	Form <b>8899</b>	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h		ı
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	organization have excess business holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son /	9 b		
	Section 501(c)(7) organizations. Enter:	10-			
-	Initiation fees and capital contributions included on Part VIII, line 12	10 a   10 b	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   Section 501(c)(12) organizations. Enter:	100	- 1		
	Gross income from members or shareholders	11 a			
	Gross income from other sources. (Do not net amounts due or paid to other sources	114	-		
	against amounts due or received from them.)	11 b			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	f Form 1041?	12 a		
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
ā	Is the organization licensed to issue qualified health plans in more than one state?		13 a		
	Note: See the instructions for additional information the organization must report on Schedu	le O.			
	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.	13b			
	Enter the amount of reserves on hand	13 c			.,,
	a Did the organization receive any payments for indoor tanning services during the tax year?		14 a	$\sqcup$	X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on		14 b	<b></b>	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in excess parachute payment(s) during the year?		15		Х
16	If 'Yes,' see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net in	vestment income?	16		Х
	If 'Yes,' complete Form 4720, Schedule O.		10		
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator er activities that would result in the imposition of an excise tax under section 4951, 4952, or 49 If 'Yes,' complete Form 6069.		17		

Form 990 (2021) CENTER FOR EXCELLENCE IN NONPROFITS 77-0385218 Page 6 Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management

-	tion A. Governing Body and management		T		
	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1 a	16	Yes	No
	Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee?	hip with any other	2		X
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, trustees, or key employees to a management company or other person	ne direct supervision	3		Х
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 organiza				X
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 a members of the governing body?		7а		Х
t	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:				
	The governing body?			Х	<u> </u>
Ł	Each committee with authority to act on behalf of the governing body?		8ь	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i> .				Х
Sec	tion B. Policies (This Section B requests information about policies not rec	juired by the Interna	I Revenu	<u>ie Co</u>	ode.)
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10 a		X
	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?				
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		-	Х	
t	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	SEE SCHEDULE			
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13		12 a	Χ	
	• Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?		12 b	Х	
(	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Schedule O how this was done SEE SCHEDULE .Q			х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approx persons, comparability data, and contemporaneous substantiation of the deliberation and determining compensation of the deliberation and determining compensation of the following persons include a review and approximately compensation of the following persons include a review and approximately compensation of the following persons include a review and approximately compensation of the following persons include a review and approximately compensation of the following persons include a review and approximately compensation of the following persons include a review and approximately compensation of the following persons include a review and approximately compensation of the deliberation and determinately compensation of the deliberation and determinately compensation of the deliberation and determinately compensation of the deliberation and deliberation are deliberation and deliberation and deliberation are deliberation of the deliberation and deliberation are deliberation and deliberation are deliberation and deliberation are deliberation and deliberation and deliberation are deliberation and deliberation are deliberated and deliberation are deliberation are deliberation and deliberation are deliberation are deliberation and deliberation are deliberation and deliberation are deliberation are deliberation are deliberation and deliberation are deliberation are deliberation are	ecision?			
	The organization's CEO, Executive Director, or top management official			X	
i	Other officers or key employees of the organizationSEE .SCHEDULE .O		15 b	X,	
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.				
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or simila taxable entity during the year?	•	16 a		X
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b		
Sec	ction C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable available for public inspection. Indicate how you made these available. Check all that apply.	e), 990, and 990-T (Secti	on 501(c)(	3)s or	ıly)
	X Own website Another's website X Upon request Oth	ner <i>(explain on Schedule C</i>	))		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest the public during the tax year.  SEE SCHEDULE O		available to		
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records ►			
	SHANA PEETE 330 TWIN DOLPHIN DRIVE, NO. 151 REDWOOD CITY	CA 94065-1455 6	50-517-	585	5

BAA

Form 990 (2021)

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

Check if Schedule O contains a response or note to any line in this Part VII.....

#### 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

BAA

Check this box if neither the organization nor any relate	ed organiz	ation	com	pen	sate	ed any	cu cu	rrent officer, directe	or, or trustee.	
Land I				(C)						
(A) Name and title	(B) Average hours per	thar	one both	box, an o ector/	unles fficer truste		on	( <b>D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) SHANA PEETE	40		ŀ					,		
CEO	0	X						144,430.	0.	0.
(2) LARISSA ROBIDEAUX	_ 40 _	]								
EXECUTIVE DIR.	0	X		Х				23,515.	0.	0.
(3) DEAN MORTON	1	]								
CHAIR EMERITUS	0	X						0.	0.	0.
(4) LISA CLARK	11	]								
BOARD MEMBER	0	X						0.	0.	0.
(5) DORA BEYER	11									
FUND DEV CHAIR	0	X		X				0.	0.	0.
(6) MAHAMA NYANKAMAWU	1									
BOARD MEMBER	0	X						0.	0.	0.
(7) ANNA L. WARING, PH.D.	2									
BOARD MEMBER	0	X		X	ļ			0.	0.	0.
(8) MARY CARBULLIDO	1									
BOARD MEMBER	0	X						0.	0.	0.
(9) JIM SALAS	1									
BORAD MEMBER	0	X	1		_			0.	0.	0.
(10) DOTTY HAYES	1									
BOARD MEMBER	0 -	X					<u> </u>	0.	0.	0.
(11) AMARI ROMERO THOMAS	1									
BOARD MEMBER	0	] X						0.	0.	0.
(12) SHARON NAVARRO	1									
BOARD MEMBER	0	X						0.	0.	0.
(13) PROTIMA PANDEY	1									
BOARD MEMBER	0	X						0.	0.	0.
(14) ROBERT RAFFO	2									
VICE CHAIR		X		X				0.	0.	0.

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Pai	t VII   Section A. Officers, Directors, Tri		Key	Em			es, a	anc	Highest Com	pensated Emp	oloyees (continued)
		(B)			•	<b>&gt;</b> )					
	<b>(A)</b> Name and title	Average hours per	box	, unle	ess pe	erson	than is both	an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount
		week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	of other compensation from the organization and related organizations
(15)	JAMES OTIENO TREASURER	2	X		Х				0.	0	. 0.
(16)	LISA CONOVER SECRETARY	2	Х		Х				0.	0	
(17)										<del>_</del>	
(18)											
(19)		ļ					1				
(20)	· · · · · · · · · · · · · · · · · · ·										
(21)											
(22)											
(23)											
(24)			-								
(25)											
1 b	Subtotal							<b>&gt;</b>	167,945.	0	. 0.
c	Total from continuation sheets to Part VII, Sect	ion A						<b>&gt;</b>	0.	0	
	Total (add lines 1b and 1c)							<b>&gt;</b>	167,945.	0	
2	Total number of individuals (including but not limited from the organization ► 1	d to those	listed	abo	ve)	who	recei	ved	more than \$100,00	0 of reportable con	npensation
3	Did the organization list any <b>former</b> officer, direct on line 1a? If "Yes," complete Schedule J for such	ctor, truste	ee, ke	еу е	mpl	oye	e, or	higł	nest compensated	employee	Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	f reportab er than \$1	ole co 150,0	mpe 00?	ensa If "	atior Yes,	and con	oth <i>iple</i>	er compensation te Schedule J for	from	4 X
5	Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ue comper s,' comple	nsatio	on fr chea	om dule	any J fo	unre or suc	late ch p	ed organization or erson	individual	
	tion B. Independent Contractors  Complete this table for your five highest comper compensation from the organization. Report compe	nsated ind	lepen	den	t co	ntra	ctors	tha	at received more t	han \$100,000 of	or.
	(A) Name and business add		the C	alei	luai	уса	enui	ng v	Description	, i	(C) Compensation
	Total number of independent contractors (including	but not lim	nited t	o th	ose	liste	d abo	ve)	who received more	than	
	\$100,000 of compensation from the organization							,			

Form 990 (2021) CENTER FOR EXCELLENCE IN NONPROFITS

Part VIII Statement of Revenue

		Check if Schedul	e O	contains a r	espo	onse or note to an	y line in this Part V	III <u></u>	· · · · · · · · · · · · · · · · · · ·	<u></u>
			·				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	b c d e	Federated campaig Membership dues. Fundraising events Related organizatio Government grants (cont	  ns	ons)	la lb lc ld					
$\rightarrow$	g	All other contributions, g similar amounts not incl Noncash contributions in lines 1a-1f	uded a	above d in	l f		1,686,237.		i i i i i i i i i i i i i i i i i i i	
ž					_	Business Code				
<b>3</b> 5		PROGRAM REVE				900099	196,297.	196,297.		
ď.	b	MEMBERSHIP I	<u>UE</u> S	<u>-</u>	9	900099	25,145.	25,145.		
Program Service Revenue	c d		 							
Ē	е				_					
ğ		All other program s			_					
4	g	Total. Add lines 2a	·2f				221,442.			
	3	Investment income (	inclu	ding dividend	s, in	terest, and	255			0.55
		other similar amou	-				966.			966.
	4	Income from invest								
	5	Royalties				(ii) Personal				
	(i) Real					(ii) Fersonal	-			
		Gross rents	6a			-				
		Less: rental expenses	6b							
		Rental income or (loss)				1				
	d	Net rental income of	or (lo							
	7 a	Gross amount from		(i) Securitie	es	(ii) Other				
		sales of assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b				-			
		c Gain or (loss) 7c								
	d	Net gain or (loss).								
돌	8 a	Gross income from fund (not including \$	raisin	g events						
ξ		of contributions reported	on li	ne 1c).						
8		See Part IV, line 18			8 a					
Ā	b	Less: direct expens			81	)				
Other Revenu	1	Net income or (los			ng e	vents	-			
_	1	Gross income from gam See Part IV, line 19			9 8				3 33	
	1	Less: direct expens			91					
	i	Net income or (los				-1	-			
	1	•	•							
	IUa	Gross sales of inventory returns and allowances.	, iess		10:	a				
	1	Less: cost of good			101		1			
		: Net income or (los				<del></del>	-			
	<del>                                     </del>		,		T	Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOU	JS	REVENUE		900099	256.			256.
5 7			- <u>-</u> -		-		1 200.			200.
scellane Revenu	0	. <b>-</b>			-					
S &	6	All other revenue.								
Ξ	e	Total. Add lines 11	a-11	d			256.			
	-	Total revenue. See						221,442.	0.	1,222.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. generăl expenses expenses expenses 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 . . . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... 159,431 119,573 15,943 23,915. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 745,352. 619,822 78,125 47,405. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . . . . . . 70,739. 57,809 7,354 5,576. 74,053. 60,517 7,699 5,837. 11 Fees for services (nonemployees): c Accounting..... **d** Lobbying....... e Professional fundraising services. See Part IV, line 17. . . f Investment management fees ...... g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0\$CH. 404,399 368,003 36,396 Advertising and promotion..... Information technology..... 14 Royalties..... 2,995 2,995 Occupancy....... 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 20 Interest ..... Payments to affiliates..... 21 Depreciation, depletion, and amortization.... 22 4,552 2,321. 2,003 228. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e PROGRAM SERVICE EXPENSES 192,098 192,098 b IN-KIND EXPENSES 89,105 10,911 5,872. 105,888 c GENERAL COSTS 43,826 17,092 19,284 7,450. 7,490 4,697 508. d CONTRACTED SERVICES 12,695 7,438 2,330. 11,100 1,332 e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . . 1,827,128 1,541,268. 186,739. 99,121. 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).....

		Check if Schedule O contains a response or note to	any lin	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			761,157.	1	619,263.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	391,343.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er office I contrib rsons	r, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified p					
		section 4958(f)(1)), and persons described in section	4958(c)	(3)(B)		6	
	7	Notes and loans receivable, net				7	
ţ	8	Inventories for sale or use				8	
Assets	9	Prepaid expenses and deferred charges			4,288.	9	4,075.
Ä	10 a	0 a Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D		31,588.			
	b	Less: accumulated depreciation	10 b	31,588.		10 c	
	11	Investments — publicly traded securities			32,971.	11	
	12	Investments — other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line	33)	, ,	798,416.	16	1,014,681.
	17	Accounts payable and accrued expenses			100,926.	17	198,350.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		L		20	
es.	21	Escrow or custodial account liability. Complete Part				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utar ar 3	35%		22	
	23	Secured mortgages and notes payable to unrelated the	nird parti	es		23	
	24	Unsecured notes and loans payable to unrelated third	l parties			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25			100,926.	26	198,350.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	<b>&gt;</b>	X			
<u>=</u>	27	Net assets without donor restrictions			460,459.	27	439,663.
ä	28	Net assets with donor restrictions			237,031.	28	376,668.
5		Organizations that do not follow FASB ASC 958, che	ck here	<b>&gt;</b>			
Ĭ		and complete lines 29 through 33.		<del></del>			
ᅙ	29	Capital stock or trust principal, or current funds		L		29	
é	30	Paid-in or capital surplus, or land, building, or equipn		Ł		30	
488	31	Retained earnings, endowment, accumulated income				31	
et /	32	Total net assets or fund balances		l.	697,490.	32	816,331.
	33	Total liabilities and net assets/fund balances			798,416.	33	1,014,681.
RA.	Δ		TEEA0111	L 09/22/21			Form <b>990</b> (2021)

Form **990** (2021)

Pai	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	1,908,	<u>901.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,827,	128.
3	Revenue less expenses. Subtract line 2 from line 1	3	81,	773.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	697,	490.
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	37,	068.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
n.,	column (B))	10	816,	331.
Pal	t XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>                                    </u>
1	Accounting method used to prepare the Form 990:		Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on 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 reviews separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	ed on a		
I	b Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	te		
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
	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
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	
BAA	TEEA0112L 09/22/21		Form <b>990</b>	(2021)

#### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

77-0385218 CENTER FOR EXCELLENCE IN NONPROFITS 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 12, 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 (Form 990).) 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(bX1XAXV). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (ii) FIN (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) **(B)** (C) (D) (E)

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) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	440,851.	392,075.	987,545.	1,016,272.	1,686,237.	4,522,980.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	<b>Total.</b> Add lines 1 through 3	440,851.	392,075.	987,545.	1,016,272.	1,686,237.	4,522,980.
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)						515,740.
_	•						313,740.
	Public support. Subtract line 5 from line 4						4,007,240.
Sec	tion B. Total Support				T	T	
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	440,851.	392,075.	987,545.	1,016,272.	1,686,237.	4,522,980.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,070.	1,495.	385.	9,026.	966.	19,942.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,					0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	222.	2,643.	4,299.	82,734.	256.	90,154.
11	Total support. Add lines 7 through 10						4,633,076.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	1,053,935.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or t	fifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20			ne 11, column (f)	))	14	86.49 %
15	Public support percentage from	2020 Schedule A,	Part II, line 14			15	79.69 %
16a	33-1/3% support test—2021. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b blicly supported or	ox on line 13, an	nd line 14 is 33-1/	3% or more, check	this box
b	33-1/3% support test—2020. If the and stop here. The organization	ne organization die n qualifies as a pu	d not check a box iblicly supported o	on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more, c	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-a	and-circumstances	test, check this	box and stop her	<b>e.</b> Éxplain in Part '	VI how
b	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and	meets the facts-a	and-circumstances	test, check this	box and stop her	e. Explain in Part	VI how the
18	Private foundation. If the organi	ization did not che	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	nis box and see ins	structions ►

77-0385218

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Par	t II. If the organization
fails to qualify under the tests listed below, please complete Part II.)	

Sect	tion A. Public Support					_		
	ar year (or fiscal year beginning in) >	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	(f)	Total
1	Gifts, grants, contributions, and membership fees							
	and membership fees received. (Do not include							
2	any 'unusual grants.')							
_	merchandise sold or services							
	performed, or facilities furnished in any activity that is							
	related to the organization's							
3	Gross receipts from activities				<u> </u>			
3	that are not an unrelated trade							
4	or business under section 513. Tax revenues levied for the							
4	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							
	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from				1			
	disqualified persons							<u></u>
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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line							
	7c from line 6.)							
	tion B. Total Support		41.0040	4 ) 0010	4 B 0000	4 2 0001		T-1-1
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(1)	Total
_	Amounts from line 6					-		
iva	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							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b,							
	whether or not the business is							
10	regularly carried on Other income. Do not include							
12	gain or loss from the sale of							
	capital assets (Explain in Part VI.)				1			
13	Total support. (Add lines 9,							
	10c, 11, and 12.)	for the array in "	on's first same	third for the se	fifth toy year as a	coction E01/-	7(3)	
14	First 5 years. If the Form 990 is organization, check this box and	ior trie organizati 1 <b>stop here</b>	iirst, second	a, umru, murun, or	ax year as a	3ecuon 301 (0	,,,(J) 	▶ 🔲
	ction C. Computation of Pu							
15	Public support percentage for 20	021 (line 8, colum	ın (f), divided by	line 13, column (f	f))		15	%
16	Public support percentage from	2020 Schedule A	, Part III, line 15.				16	ક
Sec	ction D. Computation of Inv							
17							17	%
18	Investment income percentage						18	%
1 <b>9</b> a	33-1/3% support tests—2021. If	the organization	did not check the	box on line 14, a	and line 15 is more	e than 33-1/39	6, and line 1	7 ▶ □
	is not more than 33-1/3%, check 33-1/3% support tests—2020. If							
	line 18 is not more than 33-1/39	%, check this box	and stop here. T	The organization q	ualifies as a publi	cly supported	organization	ا 🟲 🗀
20	Private foundation. If the organ	ization did not ch	eck a box on line	e 14, 19a, or 19b,	check this box an	d see instructi	ions	▶ 📘

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 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 described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- 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.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).
- 9a 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**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) 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.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	-		
ъ			
	2L		10 mm
	3b 3c		
	4a		
	4b		
	4c		
	5a 5b		
÷	5c		
	7		
	8		
,	9a		272
	9b		
	9с		
s, '	10a		
	10b		

	t IV Supporting Organizations (continued)	U rage 5
rai	Supporting Organizations (continued)	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	Tes No
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a
t	A family member of a person described on line 11a above?	11b
C	A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c
Sec	tion B. Type I Supporting Organizations	
		Yes No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> 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 officers, 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
2	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Sec	tion C. Type II Supporting Organizations	
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Sec	tion D. All Type III Supporting Organizations	
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described on line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3
Sec	ction E. Type III Functionally Integrated Supporting Organizations	
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.	
	b The organization is the parent of each of its supported organizations. Complete line 3 below.	
	c 🔝 The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (se	e instructions).
2	Activities Test. Answer lines 2a and 2b below.	Yes No
	a 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.	Za
	<b>b</b> Did the activities described on line 2a, above, 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 lines 3a and 3b 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? If 'Yes' or 'No,' provide details in <b>Part VI.</b>	3a

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If 'Yes,' describe in Part VI the role played by the organization in this regard.* 

Pai	Check here if the organization satisfied the Integral Part Test as a qualifying trus			Part VI). <b>See</b>
	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	ns mu	st complete Sections A	T
Sec	tion 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		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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 securities	1a		
t	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1с		
	d Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	<b>3</b> pp. 63	
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrate	d Type III supporting or	ganization
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ection D — Distributions		Current Yea
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9 Distributable amount for 2021 from Section C, line 6	9	
Line 8 amount divided by line 9 amount	10	
(i)		(iii)

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			1.0
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
<b>d</b> Excess from 2020			
e Excess from 2021			
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Schedule A (Form 990) 2021

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2021	2020	2019	2018	2017
OTHER INCOME TOTAL	\$ 256.	\$ 82,734.	\$ 4,299.	\$ 2,643.	\$ 222.
	\$ 256.	\$ 82,734.	\$ 4,299.	\$ 2,643.	\$ 222.

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

CENTER FOR EXCELLENCE IN NONPROFITS

				77-0385218	
<sup>o</sup> ar	t   Organizations Maintaining Donor	Advised Funds or Other Simila	r Funds or Acco	ounts.	
	Complete if the organization answ				
_		(a) Donor advised funds	<b>(b)</b> Fu	inds and other acc	counts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor are the organization's property, subject to the o	r advisors in writing that the assets heli rganization's exclusive legal control?	d in donor advised f	unds Yes	No
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit cimpermissible private benefit?	of the donor or donor advisor, or for any	/ other purpose conf	erring	No
Par	Conservation Easements.	erad 'Vas' on Form 000 Part IV	Line 7		
1	Complete if the organization answ Purpose(s) of conservation easements held by		, 11116 7.		
1	Preservation of land for public use (for example)	*	servation of a histori	ically important la	and area
	Protection of natural habitat		servation of a certific	•	
	Preservation of open space		scivation of a certific	ca mistoric structu	110
2	Complete lines 2a through 2d if the organization he	ald a qualified conservation contribution in	the form of a conserve	ation easement on	the
_	last day of the tax year.	a qualified conservation contribution in	the form of a conserve	ation easement on	uic
			He	eld at the End of t	the Tax Year
a	Total number of conservation easements		2a		
i	Total acreage restricted by conservation easem	ents	2 b		
•	Number of conservation easements on a certific	ed historic structure included in (a)	2c		
(	Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, and not on a	a historic		
3	Number of conservation easements modified, transtax year ►	ferred, released, extinguished, or terminate	ed by the organization	n during the	
4	Number of states where property subject to conserv	vation easement is located ►			
5	Does the organization have a written policy reg				
	and enforcement of the conservation easement				No
6	Staff and volunteer hours devoted to monitoring, in				
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation easeme	nts during the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements	s of section 170(h)(4	4)(B)(i) <b>Yes</b>	No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its rever the organization's financial statements	nue and expense sta s that describes the	itement and balar organization's acc	nce sheet, an counting for
Pa	Organizations Maintaining Collection Complete if the organization answ	tions of Art, Historical Treasure vered 'Yes' on Form 990, Part IV	es, or Other Sim	ilar Assets.	
1	a If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education, or res	earch in furtherance	balance sheet wo	orks of art, , provide in
	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r public exhibition, education, or research i	in furtherance of publi	ic service, provide t	of art, the
	(i) Revenue included on Form 990, Part VIII, I				
	(ii) Assets included in Form 990, Part X				
	If the organization received or held works of art, hi amounts required to be reported under FASB A	ASC 958 relating to these items:			
	a Revenue included on Form 990, Part VIII, line	1			
	h Assets included in Form 990. Part X			►s	

Part III Organizations Maintai	ining Colle	ctions of Art, Histo	oricai i reasures, oi	TOther Similar Ass	ets (con	uriuea,	<u>/</u>
3 Using the organization's acquisition items (check all that apply):	, accession, ar	nd other records, check a	ny of the following that m	nake significant use of its	collection		
a Public exhibition		<b>d</b> Loan	or exchange program				
<b>b</b> Scholarly research		e Other	0.0				
c Preservation for future gener	ations	- L - 10.10			·		
4 Provide a description of the organiz Part XIII.		ons and explain how they	y further the organization'	s exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or nan to be mai	receive donations of ar	t, historical treasures, o	or other similar assets	Yes		lo
Part IV Escrow and Custodia line 9, or reported an	l Arrangen	nents. Complete if t	the organization an		rm 990,	Part I\	7,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other intermediary	for contributions or oth	er assets not included	Yes		lo
<b>b</b> If 'Yes,' explain the arrangement						□.	
Sin res, explain the arrangement	art zart zart z	ma complete the follow	ing table!		Amount		
c Beginning balance							
<b>d</b> Additions during the year							
e Distributions during the year					<del></del>		
f Ending balance							
2a Did the organization include an a					Yes		lo
<b>b</b> If 'Yes,' explain the arrangement						H	
2 ·· · · · · · · · · · · · · · · · · ·			, , , , , , , , , , , , , , , , , , ,			Ш	
Part V Endowment Funds. C	omplete if	the organization ar	nswered 'Yes' on Fo	orm 990. Part IV. Iir	ne 10.		
	(a) Current			<del></del>		years ba	ck
<b>1 a</b> Beginning of year balance		,,,,	3				
<b>b</b> Contributions							
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentag	e of the curre	nt year end balance (lir	ne 1g, column (a)) held	as:			
a Board designated or quasi-endowm	nent ►	%					
<b>b</b> Permanent endowment ►							
c Term endowment ►	%						
The percentages on lines 2a, 2b, a	nd 2c should e	equal 100%.					
3a Are there endowment funds not in	the peccesion	of the organization that	are held and administers	d for the			
organization by:	the possession	i or the organization that	are nelu anu aummistere	u for the	Y	es l	No
(i) Unrelated organizations					3a(i)		
(ii) Related organizations					3a(ii)		
<b>b</b> If 'Yes' on line 3a(ii), are the rela	ated organiza	tions listed as required	on Schedule R?		3b		
4 Describe in Part XIII the intended	•	·			·		
Part VI Land, Buildings, and							
Complete if the organ			m 990, Part IV, line	e 11a. See Form 99	0, Part X	K, line	10
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	<b>(d)</b> Bo	ok value	÷
<b>1 a</b> Land							
<b>b</b> Buildings							
c Leasehold improvements			8,710.	8,710.			0
<b>d</b> Equipment			22,878.	22,878.			0
<b>e</b> Other			22,070.	22,5.0.			
Total. Add lines 1a through 1e. (Colum	nn (d) must e	gual Form 990. Part X.	column (B), line 10c.).	<u> </u>			0
BAA	(1) 111111	,	(=)/ , 50./·		ule D (For	n 990) 2	

Part VII	Investments -	- Other Securities.	od 'Vos' on Form 99	N/A 0, Part IV, line 11b. See Form	990 Part Y line 12
(a) Des		e organization answere egory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	
	<u> </u>				
		sts			
(3) Other					
(A)		<b></b>			•
<u>`</u> (B)					
(C)				-	
<u>`</u> (D)					
<u>`É</u> — — —					
<u>`</u>					
(G) — — —					
<u> </u>					
					****
	ımn (b) must equal Form S	990, Part X, column (B) line 12.)	<b>&gt;</b>		
	I Investments -	- Program Related.		N/A	
	Complete if th	ie organization answere		0, Part IV, line 11c. See Form	990, Part X, line 13
	(a) Description of	f investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)		III III III III III III III III III II			
(6)					
(7)					
(8)					
(9)	*****				
(10)			_		
APRIL 1940 CONTRACTOR OF THE LAND CONTRACTOR	Terrore.		N/7	A.	
Part IX	Complete if th	ne organization answere	ed 'Yes' on Form 99	0, Part IV, line 11d. See Form	990. Part X. line 15
			Description		(b) Book value
(1)					
(2)					
(3)					
(4)		·			-
(5)	****		··· <del></del>		
(6)					
(7) (8)			<del></del>		
(9)					
(10)					
	Column (b) must equ	ial Form 990, Part X, columr	n (B) line 15.)		<b>&gt;</b>
Part X	Other Liabiliti	ies.			
	Complete if the o	rganization answered 'Yes' or		11e or 11f. See Form 990, Part X, line 2	
1.		<b>(a)</b> Des	scription of liability		(b) Book value
<u> </u>	leral income taxes				
(2)					
(3)					
(4) (5)					
(6)					
(7)	,				
(8)					
(9)					
(10)					
(11)					
	umn (b) must equal Form	990, Part X, column (B) line 25.)			<b>&gt;</b>
2. Liability	for uncertain tax position	s. In Part XIII, provide the text of the	e footnote to the organization's	financial statements that reports the organization	
tax position	ns under FASB ASC 740. (	Check here if the text of the footnote	has been provided in Part XIII.		

Part XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per	Return. N/A
Complete if the organization answered 'Yes' on Form 990,	Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	. 2a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	. 2c	
d Other (Describe in Part XIII.)	. 2 d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
<b>b</b> Other (Describe in Part XIII.)	. 4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	l	5
Part XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses p	er Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990,		er Return. N/A
	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements	Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements	Part IV, line 12a.  2a 2b 2c	
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements	Part IV, line 12a.  2a 2b 2c 2d	
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements.  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.)	Part IV, line 12a.  2a 2b 2c 2d	1
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements.  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.  3 Subtract line 2e from line 1.	Part IV, line 12a.  2a 2b 2c 2d	1
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements.  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.  3 Subtract line 2e from line 1.	Part IV, line 12a.  2a 2b 2c 2d	1
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements.  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.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	Part IV, line 12a.  2a 2b 2c 2d	1
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements.  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.  3 Subtract line 2e from line 1.  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.  b Other (Describe in Part XIII.).  c Add lines 4a and 4b.	Part IV, line 12a.  2a 2b 2c 2d 4a 4b	2 e 3
Complete if the organization answered 'Yes' on Form 990,  1 Total expenses and losses per audited financial statements.  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.  3 Subtract line 2e from line 1.  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.  b Other (Describe in Part XIII.)	Part IV, line 12a.  2a 2b 2c 2d 4a 4b	2 e 3

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

BAA

Schedule D (Form 990) 2021

# SCHEDULE M (Form 990)

Name of the organization

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service ► Go to www

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

CENTER	FOR	EXCELLENCE	IN	NONPROFITS	
D-41 -	T	f Duamante			

Employer identification number 77-0385218

rai	types of Froperty				
		(a) Check if applicable	( <b>b</b> )  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art – Works of art				
2	Art – Historical treasures				
3	Art — Fractional interests.	·			
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities – Publicly traded				
10	Securities – Closely held stock				
11	Securities – Partnership, LLC, or trust interests.				
12	Securities – Miscellaneous				
13	Qualified conservation contribution –				
13	Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate – Residential				
16	Real estate – Commercial	Х	1	105,888.	LETTER BY DONOR
17	Real estate – Other			,	
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other • ()				
26	Other • ()				
27	Other • ()				
28	Other ► ( )				
29	Number of Forms 8283 received by the organization d	uring the tax	vear for contributions for	or which the	
25	organization completed Form 8283, Part V, Dones				29
					Yes No
20.	During the year, did the organization receive by contri	L		I. Dimana 1 Abana and 20 Aban	
30a	it must hold for at least three years from the date	of the initia	al contribution, and whi	ch isn't required to be ι	ısed
	for exempt purposes for the entire holding period?				X
	If 'Yes,' describe the arrangement in Part II. Does the organization have a gift acceptance police	cy that room	ires the review of any	nonetandard contributio	ns? <b>31</b> X
			•		ns? 31 X
328	Does the organization hire or use third parties or a contributions?				
ŀ	f 'Yes,' describe in Part II.				
	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	a type of property for w	rhich column (a) is chec	sked,

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE O (Form 990)

### 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 Form 990-EZ.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

CENTER FOR EXCELLENCE IN NONPROFITS

Employer identification number

77-0385218

#### FORM 990. PART III. LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

PAID CONSULTING: COMBINES IDEAL PRINCIPLES WITH LEADING PRACTICES TO OFFER SHORT OR LONG-TERM CONSULTATIONS ON TOPICS.

MULTI-DAY WORKSHOPS: 2-DAY IDEAL PROGRAM: THIS COURSE DEEPLY AND AUTHENTICALLY DISCUSSES IDEAL TOPICS AND REQUIRES VULNERABILITY AND COURAGE. 3-DAY NONPROFIT LEADERSHIP CERTIFICATE BOOTCAMP: THIS COURSE PROVIDES LEADERS WITH AN EXPLORATION NONPROFIT BUSINESS MODEL, DEVELOPMENT OF MANAGEMENT SKILLS, AND A ROBUST TOOLKIT OF RESOURCES TO BUILD A SUSTAINABLE AND SUCCESSFUL NONPROFIT CAREER.

MEMBERSHIP AND OUTREACH: MEMBERSHIP OPENS ACCESS TO DISCOUNTED WORKSHOPS, PARTNER PROGRAM BENEFITS AND SCHOLARSHIP OPPORTUNITIES FOR EXECUTIVE DIRECTORS AND THEIR ORGANIZATIONS.

PARTNER PROGRAMS: COLLABORATIVE EFFORT WITH CEN AND PARTNERING ORGANIZATIONS TO ADVANCE THE MISSION OF IDEAL AND BROADENING THE IMPACT BETWEEN BOTH ORGANIZATIONS.

MARKETING AND COMMUNICATIONS: A STRATEGY TO PROMOTE AWARENESS FOR CEN'S MISSION AND PROGRAMMATIC OFFERINGS THROUGH SOCIAL MEDIA, MAILINGS, EVENTS, AND OTHER PUBLIC RELATIONS.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE DRAFT FORM 990 WAS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. WHEN THE FORM 990 WAS COMPLETED BY OUR ACCOUNTING FIRM, IT WAS THEN DISTRIBUTED ELECTRONICALLY TO THE FULL BOARD FOR REVIEW AND COMMENTS. IT WAS ALSO REVIEWED AT THE BOARD MEETING.

Employer identification number

77-0385218

#### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE ORGANIZATION MAINTAINS A CONFLICT OF INTEREST STATEMENT ON RECORD. BOARD MEMBERS AND KEY EMPLOYEES ARE EXPECTED TO ANNUALLY SIGN THAT THEY AGREE TO ABIDE BY THIS. IF THERE IS A POTENTIAL CONFLICT OF INTEREST, THE GOVERNANCE COMMITTEE REVIEWS, CONSTRUCTS SUGGESTED ACTION, AND REPORTS TO THE BOARD.

ANNUAL PERFORMANCE REVIEWS ARE CONDUCTED AND ANY SALARY ADJUSTMENTS MADE ARE BASED UPON INFORMATION FROM THE NONPROFIT COMPENSATION ASSOCIATES ANNUAL SURVEY "FAIR PAY FOR NONPROFITS - NORTHERN CALIFORNIA", WHICH IS CONDUCTED BY A PROFESSIONAL

INDEPENDENT ENTITY. THE BOARD VOTES AND IT IS RECORDED IN THE MINUTE MEETINGS.

FORM 990, PART VI. LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

PEOPLE CAN REQUEST THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY VIA EMAIL AND THE OFFICE MANAGER REPLIES WITH PDF. FOR FINANCIAL STATEMENTS, THE OFFICE MANAGER CONTACTS THE ACCOUNTANT TO PRODUCE THE MOST CURRENT INFORMATION. THESE DOCUMENTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6104 (D).

#### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
		TOTAL	SERVICES	& GENERAL	RAISING
PROFESSIONAL FEES	OTAL \$	404,399. 404,399.	368,003. \$ 368,003.	36,396. \$ 36,396.	<u>e</u> 0
10	∪±1111 <u>Ψ</u>	404,333.	<del>y 300,003.</del>	<del>y 30,330.</del>	<del>y</del> <u> </u>

#### FORM 990, PART I, LINE 6:

15 VOLUNTEER BOARD MEMBERS HAVE VOLUNTEERED OVER 50 HOURS EACH. VARIOUS ROLES BOARD MEMBERS VOLUNTEERED FOR INCLUDE GOVERNANCE, STEWARDSHIP, COMMITTEES PARTICIPATION AND LEADERSHIP, EVALUATION OF THE ED, EVENT ATTENDANCE, REPORT REVIEWS, THOUGHT PARTNERSHIP WITH THE ED.