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 2020

Department of the Treasury

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

m000 for instructions

Open to Public

		ue Service		<u>vww.irs.gov/Form990 for ins</u>	tructions and the late	est informa	tion.	inspection		
A F	or the	2020 calendar y	ear, or tax year begin	ning	, 2020 , a	and ending		, 20		
B 0	heck if a	applicable:	C Name of organizationCE	NTER FOR ECONOMIC I	NCLUSION		D Emp	oloyer identification number		
A	ddress o	change	Doing business as					82-3563111		
N	ame cha	ange	Number and street (or P.	O. box if mail is not delivered to street a	ddress)	Room/suite	E Tele	phone number		
Ir	itial retu	ırn	370 WABASHA SI	' N		90	0	(612)351-8200		
F	inal retu	rn/terminated	City or town, state or pro	vince, country, and ZIP or foreign postal	code	G Gross receipts				
A	mended	return	SAINT PAUL, MN	55102			\$	3,184,549		
A	pplicatio	on pending		ncipal officer: TAWANNA BLACE	ζ	H	(a) Is this a group return	n for subordinates? Yes X No		
			370 WABASHA SI	N., SUITE 900 SAI	MN 55102	H	(b) Are all subordina	ates included? Yes No		
I T	ax-exem	npt status: X 501) 4 (insert no.) 4947(a)(1)			If "No," attach a	list. See instructions		
J W	/ebsite:			CINCLUSION.ORG		H	(c) Group exemption	n number ►		
K F	orm of o	rganization: X Corp		ociation Other ►	L Year of format	ion: 2017	M State of le	egal domicile: MN		
Par	τl	Summary			<u>.</u>		<u>.</u>			
	1	Briefly describe	the organization's miss	ion or most significant activities	S: THE CENTER F	OR ECON	OMIC INCL	JSION IS AN		
		ORGANIZATIO	ON COMMITTED TO	STRENGTHENING THE	MINNEAPOLIS- ST	PAUL R	EGION'S C	VIC INFRASTRUCTURE		
ce		AND COLLECT	TIVE CAPACITY T	O DISRUPT SYSTEMS A	ND INFLUENCE MA	RKET FO	RCES TO CA	ATALYZE SHARED		
na		PROSPERITY	AND ADVANCE AN	INCLUSIVE ECONOMY.						
Activities & Governance	2	Check this box ▶	if the organization	discontinued its operations or	disposed of more than	25% of its i	net assets.			
တိ	3			rning body (Part VI, line 1a)			1 .	6		
ა ბ თ	4	Number of indep	endent voting member	s of the governing body (Part	VI, line 1b)		4	6		
iţi	5			calendar year 2020 (Part V, li				19		
ċŧ	6		volunteers (estimate if					90		
ď	7a	Total unrelated b	ousiness revenue from	Part VIII, column (C), line 12			7a	0		
	b	Net unrelated bu	ısiness taxable income	from Form 990-T, Part I, line 1	11		7b	0		
							Prior Year	Current Year		
	8	Contributions and	d grants (Part VIII, line	1h)			5,211,829	2,676,728		
ne	9	Program service	revenue (Part VIII, line	e 2g)			377,572	486,190		
Revenue	10	Investment incor	ne (Part VIII, column (A	A), lines 3, 4, and 7d)			3,907	6,894		
Re	11	Other revenue (F	Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e)			23,479	14,737		
	12	Total revenue - a	add lines 8 through 11 (must equal Part VIII, column (A	A), line 12)		5,616,787	3,184,549		
	13	Grants and simila	ar amounts paid (Part I	X, column (A), lines 1-3)			81,782	117,399		
	14	Benefits paid to	or for members (Part I)	K, column (A), line 4)				0		
	15	Salaries, other c	ompensation, employee	e benefits (Part IX, column (A),	lines 5-10)		1,263,744	1,217,866		
Expenses	16a	Professional fun	draising fees (Part IX,	column (A), line 11e)			86,109	15,615		
E G	b	Total fundraising	expenses (Part IX, co	lumn (D), line 25) ▶	37,440					
Ä	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24e)			2,470,257	2,108,099		
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, column (A), line	25)		3,901,892	3,458,979		
	19	Revenue less ex	penses. Subtract line	18 from line 12			1,714,895	(274,430)		
es c						Beginniı	ng of Current Year	End of Year		
ets o	20	Total assets (Pa	rt X, line 16)				4,075,647	3,798,554		
Net Assets or Fund Balances	21	Total liabilities (F	Part X, line 26)				627,193	624,586		
		Net assets or fur	nd balances. Subtract	line 21 from line 20			3,448,454	3,173,968		
Par	t II	Signature	Block							
				rn, including accompanying schedules a icer) is based on all information of which		t of my knowled	lge and belief, it is			
			FF (,						
O:		TAWANNA								
Sign		Signature of o	officer				D	ate		
Here	9		-	EXECUTIVE OFFICER						
			name and title	T	T			I		
		Print/Type prepare	r's name	Preparer's signature	Date		Check X if	PTIN		
Paid		RENE ISUK		RENE ISUK	09-14-20	21	self-employed	P00682528		
-	oarer		PROSPERL	INK TAX GROUP		Firm	's EIN ▶			
Use	Only	y Firm's address ▶		HONY LANE S STE 311		Phor	ne no.			
				lis MN 55418			612-	-781-7193		
May 1	the IRS	S discuss this retu	rm with the preparer sh	own above? (see instructions)				Yes X No		

Other program services (Describe on Schedule O.)

strengthen the civic infrastructure of place-based and regional housing, transportation workforce development, business growth, and entrepreneurship to deepen the capacity and resolve of entities

Equipping Employers for Racially Inclusive & Equitable Action: The Center for Economic Inclusion organizations to address internal barriers to creating racially inclusive and engaging workplaces

(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 2,679,706 4e

Part IV

Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 2 Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 13 Х 14a Х 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 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

Form 990 (2020) CENTER FOR ECONOMIC INCLUSION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24a	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	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	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			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	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	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
30		20		
Do:	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·		1c	x	
	reportable gaming (gambling) winnings to prize winners?		Λ	L

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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 in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	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.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
S00	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		X
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104		
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Λ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Minnesota			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

TAWANNA BLACK (612)351-8200, 370 WABASHA ST N., SUITE 900, SAINT PAUL, MN 55102

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

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

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

Check this box if neither the organization nor any rela	ted organizat	ion co	mper	nsate	ed a	ny curi	ent	officer, director, or	trustee.	
				((C)					
(A) Name and title	(B) Average hours per week	box,	unles	eck m s per	son is	han one s both ar /trustee)	1	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) TAWANNA BLACK	40.00									
CHIEF EXECUTIVE OFFICER				х				250,264	0	28,842
(2) ANDREA FERSTAN	40.00									
VP SYSTEMS INFORMATION						х		121,458	0	6,000
(3) SHANA FORD	40.00									
VP OF PROGRAMS AND PARTNERSHIPS						х		107,072	0	18,011
(4) ANTHONY TOLLIVER	40.00									
SR DIRECTOR OF WORKFORCE INNOVATION						х		113,733	0	8,924
(5) SHETU ROSE	40.00									
VP OF FINANCE AND OPERATIONS				x				65,757	0	7,991
(6) KENNETH LA CHANCE	1.00									
BOARD MEMBER		x						0	0	0
(7) REPA MEKHA	1.00									
BOARD MEMBER		x						0	0	0
(8) TONI CARTER	1.00									
BOARD MEMBER		x						0	0	0
(9) RO ADEBIYI	1.00									
BOARD MEMBER		x						0	0	0
(10)ANN MULHOLLAND	2.00									
BOARD MEMBER		x						0	0	0
(11)JONATHAN WEINHAGEN	1.00									
INTERIM CHAIRPERSON		x		x				0	0	0
(12)										
(13)										
<u>(14)</u>										

EEA Form **990** (2020)

82-3563111

CENTER FOR ECONOMIC INCLUSION

Part VII Section A. Officers, Directors, Tr	ustees, Key Emp	loyee	s, an		ighe c)	st Co	mp	ensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	officer and a director/trustee						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		r ition
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	nization d organi:	and
<u>(15)</u>												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
Subtotal	Section A			 			· >	658,284 ore than \$100,000	0		69,	768
Did the organization list any former officer,		kov om	nlov	/00 /	or hi	ahast	con	nnensated			Yes	No
employee on line 1a? If "Yes," complete So For any individual listed on line 1a, is the sur	hedule J for such	individ	lual			• • •				3		х
organization and related organizations grea	ater than \$150,000									4		
individual	ccrue compensatio		-			_				5	X	x
Section B. Independent Contractors	res, complete	Scried	uie o	101	Suci	i pers	OH					
Complete this table for your five highest components compensation from the organization. Report												
(A)		aio cai	oi iuc	ai yo	ui 61	Janiy	**1411	(B)		(C)	-4:	
MARY BETH HANSON, 3904 BLAISDELL		eapol	lis	MN	55	409	СОМ	Description of service IMUNICATIONS	es	Compens	174,	000
Total number of independent contractors (in received more than \$100,000 of compensati	-				ted a	ıbove)) wh	0	1			

Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any line in thi	s Part VIII			<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Service Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	Business Code 611430	2,676,728	486,190	business revenue	from tax under sections 512–514
Program Service Revenue		All other program service revenue	_	486,190			
	3 4 5	Investment income (including dividends, interest other similar amounts)	▶ oceeds ▶	6,894			6,894
	b	Gross rents (i) Real 6a 14,40 Less: rental expenses 6b Rental income or (loss) 6c 14,40					
		Net rental income or (loss)	(ii) Other	14,400	14,400		
Other Revenue	c d	Less: cost or other basis and sales expenses 7b Gain or (loss) 7c Net gain or (loss)					
Oth	b	events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a 8b				
	9a b	Less: direct expenses	9a				
	10a b	Gross sales of inventory, less returns and allowances	10a 10b				
Miscellanous Revenue	b c		_	337	337		
Mis R		All other revenue		337			
		Total revenue. See instructions		3,184,549	500,927	0	6,894

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). X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 117,399 117,399 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees <u>6,</u>283 352,854 225,375 121,196 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 701,906 83,282 618,624 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 92,624 66,248 26,376 10 70,482 57,429 12,741 312 11 Fees for services (nonemployees): b 5,725 5,000 725 141,964 141,964 d Professional fundraising services. See Part IV, line 17 . 15,615 15,615 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 192,793 1,422,708 1,216,730 13,185 12 2,760 30 2,730 13 59,653 29,314 29,822 517 14 24,945 103,541 78,596 15 16 67,880 404 195,668 127,384 17 8,693 8,316 377 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 52,369 46,817 5,552 20 21 22 Depreciation, depletion, and amortization 101,363 79,565 20,708 1,090 23 Insurance 7,039 1,820 5,213 6 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 expenses on Schedule O.) DUES AND MEMBERSHIPS 3,008 297 2,711 b BANK FEES AND FINANCE CHARGE 3,608 762 2,818 28 C d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 3,458,979 2,679,706 741,833 37,440 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)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,321,654	1	2,467,465
	2	Savings and temporary cash investments	141,720	2	40,942
	3	Pledges and grants receivable, net	1,861,078	3	582,622
	4	Accounts receivable, net	75,573	4	135,219
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	18,503	9	17,638
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 670 , 383			
	b	Less: accumulated depreciation 10b 201,459	570,287	10c	468,924
	11	Investments - publicly traded securities	-	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	86,832	15	85,744
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,075,647	16	3,798,554
	17	Accounts payable and accrued expenses	261,650	17	109,709
	18	Grants payable		18	
	19	Deferred revenue	5,151	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	214,400
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	360,392	25	300,477
	26	Total liabilities. Add lines 17 through 25	627,193	26	624,586
		Organizations that follow FASB ASC 958, check here ▶ 🗓			
Ś		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	563,098	27	1,803,794
ala	28	Net assets with donor restrictions	2,885,356	28	1,370,174
Б П		Organizations that do not follow FASB ASC 958, check here			
臣		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	3,448,454	32	3,173,968
	33	Total liabilities and net assets/fund balances	4,075,647	33	3,798,554

Form **990** (2020)

Pai	Tt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,	184,	549
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,	458,	979
3	Revenue less expenses. Subtract line 2 from line 1	3		(274,	430
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,	448,	454
5	Net unrealized gains (losses) on investments	5				(56
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain 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, column (B))	10		3,	173,	968
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
			-		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b	Х	
	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 Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		[2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
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			3b		

EEA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CEN	TER	FOR ECONOMIC INCLUSION		82-3563111							
Pa	rt I	Reason for Public Charity	y Status. (All o	rganizations must c	omplete	this par	t.) See instructions	3.			
The	orgar	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check only	y one box.)					
1		A church, convention of churches, or									
2	П	A school described in section 170(b)			٠,						
3	H	A hospital or a cooperative hospital s		,	,	•					
4	H	A medical research organization ope	· ·		. , . , .	<i>,</i> ,	(1)(A)(iii) Enter the				
7	Ш	hospital's name, city, and state:	rated in conjunctio	ii wiiii a nospital acsonb	ca iii scci	ion 170(b)	(I)(A)(III). LINCI IIIC				
_		· · · · · · · · · · · · · · · · · · ·	ofit of a college or .	university owned or energ	tod by a m		tal unit described in				
5		An organization operated for the bene	_	iniversity owned or opera	ated by a g	jovernmen	tal unit described in				
		section 170(b)(1)(A)(iv). (Complete	,								
6	Ц	A federal, state, or local government	· ·			. , , ,					
7	X	An organization that normally receive	•		ernmental	unit or from	m the general public				
	_	described in section 170(b)(1)(A)(vi). (Complete Part I	l.)							
8	Ш	A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)							
9		An agricultural research organization	described in sect i	i on 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colleg	ge			
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, cit	ty, and stat	e of the college or				
		university:									
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributi	ons, memb	ership fees, and gross				
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons; and (2	2) no more	than 33 1/3% of its				
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	n 511 tax) f	rom businesses				
		acquired by the organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Comp	plete Part	III.)					
11		An organization organized and opera	ated exclusively to	test for public safety. See	e section	509(a)(4).					
12	Ī	An organization organized and operat	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purposes	3			
		of one or more publicly supported or	•	•							
		Check the box in lines 12a through 12	=					•			
	а	Type I. A supporting organization				•		•			
	_	the supported organization(s) the		•		•		.9			
		supporting organization. You mu			ity of the c		truotoco or trio				
	b	Type II. A supporting organization	•		ith ite eunr	orted oraș	nization(s) by having				
	D	control or management of the sup	•			•					
				•	30113 triat t	JOHN OF T	nanage the supported				
	_	organization(s). You must comp			naatian	ith and fuu	antionally into arotad wi	ith.			
	С	Type III functionally integrated		•				uri,			
		its supported organization(s) (see	•	•				()			
	d	☐ Type III non-functionally integr						n(s)			
		that is not functionally integrated.		•		•	it and an attentiveness				
		requirement (see instructions). Y	-								
	е	Check this box if the organization				a Type I,	Type II, Type III				
		functionally integrated, or Type III	-								
	f	Enter the number of supported organ									
	g	Provide the following information about	ut the supported or	ganization(s).	ı		I	Γ			
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))	listed in you docum	0	support (see instructions)	other support (see instructions)			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	,	,			
					Yes	No					
(A)											
,~,											
(B)											
(0)											
(C)											
(C)											
(D)											
(D)											
(E)											
(E)											
Tota		·									

Part II

CENTER FOR ECONOMIC INCLUSION 82-3563111 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 unde	er the tests lis	sted below, ple	ease complete	e Part III.)	
	ction A. Public Support						T
	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")			2,239,957	5,211,829	2,676,72	8 10,128,514
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3			2,239,957	5,211,829	2,676,72	8 10,128,514
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)						2,624,848
6	Public support. Subtract line 5 from line 4						7,503,666
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4			2,239,957	5,211,829	2,676,72	8 10,128,514
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources			7,929	3,907	21,29	4 33,130
9	Net income from unrelated business			, -		•	
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
. •	loss from the sale of capital assets						
	(Explain in Part VI.)			20,135	23,479	33	7 43,951
11	Total support. Add lines 7 through 10			20,133	23,173		10,205,595
	Gross receipts from related activities, etc. (se	ee instructions	.)			12	888,538
	First five years. If the Form 990 is for the or						
13	organization, check this box and stop here						
Sa	ction C. Computation of Public Suppor			· · · · · · · · ·		· · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Public support percentage for 2020 (line 6, c			column (f))		14	%
	Public support percentage from 2019 Schedu		•		- t	15	%
	a 33 1/3% support test - 2020. If the organiza						
108	box and stop here. The organization qualifie						
ı	33 1/3% support test - 2019. If the organiza			•			
	this box and stop here. The organization qua						
170	1 10%-facts-and-circumstances test - 2020.	-		-			
110	10%-racts-and-circumstances test - 2020. 10% or more, and if the organization meets t	-					
	Part VI how the organization meets the facts			-	•		
	organization						
k	0 10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization m					-	•
	in Part VI how the organization meets the fac			•	•		
	organization						_
18	Private foundation. If the organization did n	ot check a box	x on line 13, 16	3a, 16b, 17a, or	17b, check thi	s box and se	е

82-3563111

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 Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			•	•	,	
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						
	ction B. Total Support	T					
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.)	minoting le fir t		farmtle fife	<u> </u>		<u> </u>
14	First 5 years. If the Form 990 is for the orga						
<u></u>	organization, check this box and stop here		<u> </u>				▶ □
	ction C. Computation of Public Support					4E	0/
	Public support percentage for 2020 (line 8, c					15	<u>%</u>
	Public support percentage from 2019 Sched					16	<u>%</u>
	ction D. Computation of Investment In			ina 12. aalumn	\ (f\)	47	0/
	Investment income percentage for 2020 (line		•			17	%
	Investment income percentage from 2019 Se					18 18 1/20/	%
198	33 1/3% support tests - 2020. If the organiz						
1.	17 is not more than 33 1/3%, check this box	-	_	-			
D	33 1/3% support tests - 2019. If the organization 18 is not more than 23 1/3%, should this						
20	line 18 is not more than 33 1/3%, check this	-	-	-	-		
Z U	Private foundation. If the organization did r	ioi check a bo	x on line 14, 19	oa, or 190, che	CK THIS DOX AND	i see mstruction	ıs 🕨 📙

Part IV Supporting

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

- 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 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?
- 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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 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		
	2		
	3a		
	3b		
	JU		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10-		
	10a		
	10b		
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Sched	ale A (Form 990 or 990-EZ) 2020 CENTER FOR ECONOMIC INCLUSION 82-356313	.1	F	Page
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in 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			
	Alter and the second se		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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove 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		•		
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 Part			
	VI 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			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	,
' a	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			,.
a b				
C	The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity</i> .	v (200 ir	otruo	tions
	Activities Test. <i>Answer lines 2a and 2b below.</i>	/ (300 111	Yes	
			162	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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.			
а	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 Part VI.	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.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiza	tions	
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See			
	instructions. All other Type III non-functionally integrated supporting organ	nizations	must complete Section	ns A through E.
60.	tion A. Adjusted Not Income		(A) Drier Veer	(B) Current Year
Sec	tion A - Adjusted Net Income		(A) Prior 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		
	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			(optional)
•	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	Iu		
Е	(explain in detail in Part VI):			
		2		
	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d.	3		
		- 3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	See instructions).	5		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)			
6	Multiply line 5 by 0.035.	7		
7 8	Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)	8		
	Minimum Asset Amount (add line 7 to line 6)	- 0		
Sec	tion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	v integra	ted Type III supporting	organization

(see instructions).

EEA

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	ction D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exem	npt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity		2	2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions 3	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required) - pr	rovide details in Part VI)	5	,	
6	6 Other distributions (describe in Part VI). See instructions.			6	
7	7 Total annual distributions. Add lines 1 through 6.			,	
8	8 Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.			3	
9	9 Distributable amount for 2020 from Section C, line 6)	
10	10 Line 8 amount divided by line 9 amount			0	
Sec	ction E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions		(iii) Distributable

10	Line 8 amount divided by line 9 amount		10	
Sec	etion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
С	From 2017			
	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
e	Excess from 2020			

EEA

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.)				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number

CENTER FOR ECONOMIC INCLUSION 82-3563111 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

totaling \$5,000 or more during the year

Employer identification number

82-3563111

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000 	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person x Payroll Complete Part II for noncash contributions.)

Employer identification number

82-3563111

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7		\$55,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8		\$15,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9		\$5,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
10		\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
11		\$155,500	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12		\$500,000 	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Employer identification number 82-3563111

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

	, , , , , ,	·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$10,000	Person 🕱 Payroll 📗 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14		\$55,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$641,966	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_		\$5,000	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_18		\$15,000	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

82-3563111

Part I	Contributors (see instructions). Use auplicate copie	es of Part I if additional space is n	eeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_19		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_21		\$25,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ 285,250	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 82-3563111

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

	, , , , , , , , , , , , , , , , , , , ,	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_27		\$250,000	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$50,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$50,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$8,000	Person

Employer identification number

82-3563111

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll
		<u> </u>	Noncash (Complete Part II for noncash contributions.)
	I .	1	1

SCHEDULE D (Form 990)

Department of the Treasury

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.

Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

CEN	TER FOR ECONOMIC INCLUSION		82-3563111
Pa	rt I Organizations Maintaining Donor Advised Fund	ds or Other Similar Funds or Accou	nts.
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
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 advisors in writing	ng that the assets held in donor advised	
	funds are the organization's property, subject to the organization'		
6	Did the organization inform all grantees, donors, and donor advise	=	
-	only for charitable purposes and not for the benefit of the donor o		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" on F	Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization (
•	Preservation of land for public use (e.g., recreation or education)	<u> </u>	a historically important land area
	Protection of natural habitat	<u> </u>	a certified historic structure
	Preservation of open space	Treservation of a	d certified riistorie structure
2	Complete lines 2a through 2d if the organization held a qualified co	onsorvation contribution in the form of a con	convotion
2	easement on the last day of the tax year.	onservation contribution in the form of a con-	
_			Held at the End of the Tax Year
a		• • • • • • • • • • • • • • • • • • • •	
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structu		. 2c
d	Number of conservation easements included in (c) acquired after		
_	· ·		
3	Number of conservation easements modified, transferred, releas	ed, extinguished, or terminated by the organ	nization during the
	tax year •		
4	Number of states where property subject to conservation easem		
5	Does the organization have a written policy regarding the periodic		
	violations, and enforcement of the conservation easements it hold		
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation ea	sements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above s		
9	In Part XIII, describe how the organization reports conservation of		
	balance sheet, and include, if applicable, the text of the footnote to	o the organization's financial statements that	t describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on		
1a	If the organization elected, as permitted under FASB ASC 958, n		
	of art, historical treasures, or other similar assets held for public e		nce of public
	service, provide, in Part XIII the text of the footnote to its financia	al statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to	o report in its revenue statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasur	res, or other similar assets for financial gain,	, provide the
	following amounts required to be reported under FASB ASC 958	3 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		> \$

	rt III Organizations Maintaining (sseis	(COI	illriue	;u)
3	Using the organization's acquisition, accession,	and other records	, check ar	ny of	the follow	wing that mal	ke signi	ficant use of its				
	collection items (check all that apply):											
а	Public exhibition		d	Ц	Loan o	r exchange p	rogram	ns				
b	Scholarly research		е	Ш	Other _							
С	Preservation for future generations											
4	Provide a description of the organization's colle	ections and explain	how they	furth	er the o	rganization's	exemp	t purpose in Part				
	XIII.											
5	During the year, did the organization solicit or re	eceive donations of	art, histo	rical	treasure	s, or other si	milar					
	assets to be sold to raise funds rather than to be		art of the	orgar	nization's	s collection?.				Yes	N	lo
Pai	rt IV Escrow and Custodial Arran	•										
	Complete if the organization at 990, Part X, line 21.	nswered "Yes"	on For	m 99	90, Pai	rt IV, line 9), or re	eported an am	nount (on Fo	rm	
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for con	tribut	tions or o	other assets	not					
	included on Form 990, Part X?								🗌	Yes	□ N	ю
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the foll	owing tab	le:								
								A	mount			
С	Beginning balance						10	;				
d	Additions during the year						10	i				
е	Distributions during the year						16)				
f	Ending balance						1f					
2a	Did the organization include an amount on Forn	n 990, Part X, line 2	21, for esc	crow	or custo	dial account	liability	?		Yes	N	lo
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	planation	has b	oeen pro	vided on Par	rt XIII				П	
Pai	rt V Endowment Funds.											
	Complete if the organization a	nswered "Yes"	on For	m 99	90, Pai	rt IV, line 1	10.					
-	'	(a) Current year		Prior ye		(c) Two years		(d) Three years bac	k (e)	Four ye	ars back	k
1a	Beginning of year balance	(1)	()	. ,		(1)		(4)		,		
b	Contributions											
c	Net investment earnings, gains, and											
·	losses											
a												
d	Grants or scholarships											
е	Other expenditures for facilities and											
	programs											
f	Administrative expenses											
g	End of year balance		// ·									
2	Provide the estimated percentage of the current	-	(line 1g,	colum	nn (a)) h	eld as:						
а	Board designated or quasi-endowment	%										
b	Permanent endowment ► %											
С	Term endowment ► %											
	The percentages on lines 2a, 2b, and 2c should											
3a	Are there endowment funds not in the possess	ion of the organiza	tion that a	are he	eld and a	administered of	for the					
	organization by:								_	Y	es 1	No
	(i) Unrelated organizations								3	Ba(i)		
	(ii) Related organizations								3	a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on Scl	hedul	le R?					3b		
4	Describe in Part XIII the intended uses of the o	rganization's endo	wment fu	nds.								
Pai	rt VI Land, Buildings, and Equipn	nent.										
	Complete if the organization a	nswered "Yes"	on For	m_99	<u>90, P</u> ai	rt IV, line 1	<u> 11a.</u> S	ee Form 990,	Part 2	X, line	<u> 10</u> .	
	Description of property	(a) Cost or oth	er basis	(i	b) Cost or	other basis	(c)	Accumulated	(d)	Book v	alue	
		(investm	ent)		(ot	her)	d	epreciation				
1a	Land											
b	Buildings											
С	Leasehold improvements				.3	90,840		135,927		25	4,91	.3
d	Equipment					79,543		65,532			4,01	
e	Other					-,		,			_, -	_
_	I. Add lines 1a through 1e. (Column (d) must e		rt X. colu	mn (I	B). <i>line</i> 1	10c.)				46	8,92	
	1 3 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		,	٠,-	,,	,					- ,	-

Schedule D (Form	990) 2020 CENTER FOR ECONOM	IC INCLUSION	82-3563111	Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line	11b. See Form 990, Part X	, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	on:
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line	11c. See Form 990, Part X,	, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio	
			Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.,)		
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line	11d. See Form 990, Part X	, line 15.
	(a) Des	cription	(b) Bo	ook value
(1)SECURI	TY DEPOSITS			85,74
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) 15 200 D 1V 1/D 1/2			
	n (b) must equal Form 990, Part X, col. (B) line 15., Other Liabilities.) 		85,74
Part X	Complete if the organization answered	"Voo" on Form 000 Port IV line	110 or 11f Soc Form 000	Dort V
	line 25.	res on Form 990, Fait IV, line	The of Thi. See Folili 990, I	rait A,
1		(b) Parkurkur		
1. (1) Fodoral	(a) Description of liability	(b) Book value		
	ncome taxes ED LEASE INCENTIVE LT	244 294		
(3DEFERRI		244,394 56,083		
(4)	ED RENI	36,083		
(5)				
(6)				
(7)				
(8)				
(0)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

300,477

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

Pai	rt XI Reconciliation of Revenue per Audited Financial Stater		-	r Ret	urn.
	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	3,237,483
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		ı		
а	Net unrealized gains (losses) on investments	2a	(56)		
b	Donated services and use of facilities	2b	52,990		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	52,934
3	Subtract line 2e from line 1			3	3,184,549
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	١.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	2 104 540
5 D ai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stat			5 por l	3,184,549
rai	Complete if the organization answered "Yes" on Form 990		-	peri	Keturn.
1				1	2 511 060
2	Total expenses and losses per audited financial statements				3,511,969
² a	Donated services and use of facilities	2a	52,990		
a b	Prior year adjustments	2b	52,990	-	
C	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d		-	
e	Add lines 2a through 2d			2e	52,990
3	Subtract line 2e from line 1			3	3,458,979
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				3,130,373
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,458,979
Pai	rt XIII Supplemental Information.				
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1	b and 2b; Part V, line 4; F	Part X,	line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny add	itional information.		
01.	Footnote for uncertain tax position under FIN 48 (Part	X)			
THE	CENTER FOR ECONOMIC INCLUSION'S ACTIVITIES ARE GENERALI	Y EX	EMPT FROM FEDERA	AL Al	ND STATE INCOME
TAX	ES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.	SIN	ICE THE CENTER IS	S EXI	MPT FROM FEDERAL
7 NTD	STATE INCOME TAX LIABILITY, NO PROVISION IS MADE FOR CU	יים ממז	im ∨D Desebbesb .	rate or	ME TAV EVDENCE
עווא	STATE INCOME TAX BIABIBITI, NO PROVISION IS MADE FOR CO	KKEI	I OK DEFERREED .	LINCOL	ME IAA EAFENSE.
THE	CENTER FOR ECONOMIC INCLUSION IS NOT A PRIVATE FOUNDATI	ON.	MANAGEMENT HAS I	этте	RMINED THAT THE
CEN'	TER FOR ECONOMIC INCLUSION IS NOT SUBJECT TO UNRELATED B	BUSIN	ESS INCOME TAX.	MAN	AGEMENT IS NOT
AWA	RE OF ANY TRANSACTIONS THAT WOULD IMPACT THE CENTERS TAX	EXE	EMPT STATUS.		
PAR'	T X, LINE 2 (CONT.)				

EEA Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued) 01. Footnote for uncertain tax position under FIN 48 (Part X) THE CENTER FOR ECONOMIC INCLUSION FOLLOWS THE GUIDANCE OF THE ACCOUNTING STANDARDS CODIFICATION (ASC) 740, ACCOUNTING FOR INCOME TAXES, RELATED TO UNCERTAINTIES IN INCOME TAXES, WHICH PRESCRIBES A THRESHOLD OF "MORE THAN LIKELY NOT" FOR RECOGNITION AND DERECOGNITION OF POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019, MANAGEMENT OF CENTER FOR ECONOMIC INCLUSION IS NOT AWARE OF ANY MATERIAL UNCERTAIN TAX POSITIIONS. PART X, LINE 2 (CONT) ALL TAX-EXEMPT ENTITIES ARE SUBJECT TO REVIEW AND AUDIT BY FEDERAL, STATE, AND OTHER APPLICABLE AGENCIES. SUCH AGENCIES MAY REVIEW THE TAXABILITY OF UNRELATED BUSINESS INCOME, OR THE QUALIFICATIONS OF THE TAX-EXEMPT ENTITY UNDER THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES. FOR FEDERAL TAX PURPOSES, THE TAX RETURN REMAINS OPEN FOR POSSIBLE EXAMNINATION FOR A PERIOD OF THREE YEARS AFTER THE RESPECTIVE FILING DEADLINES OF THOSE RETURNS.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Name of the organization					Employer ide	ntification number
CENTER FOR ECONOMIC INCLUSI					82-35	
Part I Fundraising Activitie	•	-		wered "Yes" on	Form 990, Part IV,	line 17.
Form 990-EZ filers are no		•				
1 Indicate whether the organization ra	ised funds through a	-	-			
a Mail solicitations				f non-government gra	ants	
b X Internet and email solicitations		_		f government grants		
c Phone solicitations		g 🗌	Special fund	raising events		
d In-person solicitations						
2a Did the organization have a written of	or oral agreement wi	ith any indivi	dual (includir	ng officers, directors,	trustees,	
or key employees listed in Form 990	, Part VII) or entity in	n connectior	n with profess	sional fundraising ser	vices? X Y	es 🗌 No
b If "Yes," list the 10 highest paid indiv	iduals or entities (fu	ndraisers) p	ursuant to ag	reements under which	ch the fundraiser is to be	е
compensated at least \$5,000 by the	organization.					
		(iii) Did fur	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual	(ii) Activity		r control of	(iv) Gross receipts	(or retained by)	(or retained by)
or entity (fundraiser)	(.,,	contrib	outions?	from activity	fundraiser listed in col. (i)	organization
	+	Yes	No		001. (1)	
1 Tracy Babler		100	110	1		
5624 Colfax Ave S MN	FUNDRAISING		x	1 150 000	15,615	1,134,385
2	FUNDRAISING		^	1,150,000	15,615	1,134,365
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,150,000	15,615	1,134,385
3 List all states in which the organization						
registration or licensing.	Ü				,	
Minnesota						
-						

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

		than \$15,000 of fundraising gross receipts greater than \$		d gross income on Form	990-EZ, lines 1 and 6b	. List events with
		groce receipts greater than	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Ľ	2	Less: Contributions				
_		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesus	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lines Net income summary. Subtract line	10 from line 3, column (d)			
Pa	rt II	Gaming. Complete if the or \$15,000 on Form 990-EZ, I		Yes" on Form 990, Part	IV, line 19, or reported	more than
Revenue		\$13,000 OH FOIH 990-EZ, 1	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
S	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)		▶	
	8	Net gaming income summary. Subti	ract line 7 from line 1, colur	mn (d)		
9 a	En	nter the state(s) in which the organizati	on conducts gaming activit	ties:these states?		Yes No

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant cash assistance (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (1)MINNEAPOLIS FOUNDATION 800 IDS CENTER 80 SOUTH 8TH Minneapolis MN 55402 41-6029402 501(C)(3) 117,399 100 CENTER 80 SOUTH 8TH Minneapolis MN 55402 41-6029402 501(C)(3) 117,399	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	
the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (n) MINNEAPOLIS FOUNDATION 800 IDS CENTER 80 SOUTH 8TH Minneapolis MN 55402 41-6029402 501(C)(3) 117,399 TRANSFER	
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (g) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (noncash assistance) (h) Purpose or assist (1)MINNEAPOLIS FOUNDATION 800 IDS CENTER 80 SOUTH 8TH Minneapolis MN 55402 41-6029402 501(C)(3) 117,399 FUNDS	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpose or assist (1) MINNEAPOLIS FOUNDATION 800 IDS CENTER 80 SOUTH 8TH Minneapolis MN 55402 41-6029402 501(C)(3) 117,399	□ N
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (grant (e) Amount of noncash assistance (b) Amount of noncash assistance (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of noncash assistance (b) EIN (d) Amount of noncash assistance (b) EIN (c) IRC section (d) Amount of noncash assistance (b) EIN (d) Amount of noncash assistance (b) EIN (c) IRC section (d) Amount of noncash assistance (d) Amount of noncash assistance (d) EIN (d) EIN (d) Amount of noncash assistance (d) EIN (d) EIN (d) EIN (d) Amount of noncash assistance (d) EIN (d)	
1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (g) Description of non-cash assistance (h) Purpose or assist (a) Amount of cash grant (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (h) Purpose or assist (n) Purpose or assist (
or government (if applicable) grant cash assistance (book, FMV, appraisal, other) noncash assistance or assist (1)MINNEAPOLIS FOUNDATION 800 IDS CENTER 80 SOUTH 8TH Minneapolis MN 55402 41-6029402 501(C)(3) 117,399	
800 IDS CENTER 80 SOUTH 8TH TRANSFER Minneapolis MN 55402 41-6029402 501(C)(3) 117,399 FUNDS	-
Minneapolis MN 55402 41-6029402 501(C)(3) 117,399 FUNDS	
	NFG
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	

Part III Grants and Other Assistance to Do		als. Complete if the	organization answ	vered "Yes" on Form 990). Part IV. line 22.
Part III can be duplicated if additional			organization anon		5, r are rv,o 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	the information r	equired in Part I, lin	e 2; Part III, columi	n (b); and any other addi	itional information.
04. General Explanation Attach	ment				
EACH GRANTEE SUBMITS A LETTER OF INQUIRY	FOR CONSIDER	ATION OF A GRAN	THAT IS REVIEW	WED FOR CONSIDERATION	ON BY A GRANTS
COMMITTEE AND THEN APPROVED USING STATE	CRITERIA. G	RANTEE AGREEMEN	rs included cri	TERIA FOR USE OF FUN	DS. REPORTS OUTLINING
USE OF FUNDS ARE REQUIRED AT THE CONLUST	ON OF THE GRA	NT PERIOD.			

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Employer identification number

82-3563111

Department of the Treasury Internal Revenue Service Name of the organization

CENTER FOR ECONOMIC INCLUSION

Inspection

OMB No. 1545-0047

2020

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
-	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
	Overall			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
	1a!			
3	Indicate which if any of the following the argenization used to establish the componentian of the			
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		
	Receive a severance payment or change-of-control payment?	4a	X	
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	_		
	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
_				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а		6a		Х
b	Any related organization?	6b		х
	If "Yes" on line 6a or 6b, describe in Part III.			
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		f W-2 and/or 1099-MI					
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred benefits compensation		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
TAWANNA BLACK (i)	248,750	0	1,514	12,438	16,404	279,106	0
1 CHIEF EXECUTIVE OFFIC (ii)	0	0	0	0	0	0	0
(i)							
2 (ii)							
(i)							
3 (ii)							
(i)							
4 (ii)							
(i)							
5 (ii)							
(i)							
6 (ii)							
(i)							
7 (ii)							
(i)							
8 (ii)							
(i)							
9 (ii)							
(i)							
10 (ii)							
(i)							
11 (ii)							
(i)							
12 (ii)							
(i)							
13 (ii)							
(i)							
14 (ii)							
(i)							
15 (ii)							
(i)							
16 (ii)							

EEA Schedule J (Form 990) 2020

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
01. Listed persons compensation information (Part I, line 4)
SHETU ROSE BASE COMPENSATION INCLUDES SEVERANCE PAY OF \$32500

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2020

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

CENTER FOR ECONOMIC INCLUSION 82-3563111 01. Form 990 governing body review (Part VI, line 11) THE FORM 990 IS REVIEWED BY THE MANAGEMENT, FINANCE COMMITTEE, AND BOARD OF DIRECTORS PRIOR TO SIGNING AND FILING THE RETURN 02. Conflict of interest policy compliance (Part VI, line 12c) THE BOARD IS ASKED TO CONSIDER AND DECLARE ANY CONFLICTS DURING VOTING MATTERS WHERE A CONFLICT MIGHT IMPACT VOTING. 03. CEO, executive director, top management comp (Part VI, line 15a) AN OUTSIDE CONSULTANT WAS HIRED TO CONDUCT AN INDEPENDENT ANALYSIS USING COMPARABLE DATA POINTS TO ESTABLISH THE CEO'S SALARY AND ALL EMPLOYEE SALARIES. 04. Other officer or key employee compensation (Part VI, line 15b AN OUTSIDE CONSULTANT WAS HIRED TO CONDUCT AN INDEPENDENT ANALYSIS USING COMPARABLE DATA POINTS TO ESTABLISH THE CEO'S SALARY AND ALL EMPLOYEE SALARIES. 05. Governing documents, etc, available to public (Part VI, line 19) THE ORGANIZATIONS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. 06. List of other fees for services expenses (Part IX, line 11g) PROFESSIONAL SERVICES FEES: PROGRAM SERVICE EXPENSE: 925 MANAGEMENT AND GENERAL EXPENSES: 0 FUNDRAISING EXPENSE: 0

Schedule O (Form 990 or 990-EZ) (2020) Page 2 Name of the organization Employer identification number CENTER FOR ECONOMIC INCLUSION 82-3563111 TOTAL EXPENSE: 925 GRAPHIC DESIGN FEES: PROGRAM SERVICE EXPENSE: 17039 MANAGEMENT AND GENERAL EXPENSES: 190 FUNDRAISING EXPENSE: 0 TOTAL EXPENSE: 17229 HR SUPPORT FEES: PROGRAM SERVICE EXPENSE: 23000 MANAGEMENT AND GENERAL EXPENSES: 61300 FUNDRAISING EXPENSE: 0 TOTAL EXPENSE:84300 MARKETING CONSULTANT FEES: PROGRAM SERVICE EXPENSE: 111029 MANAGEMENT AND GENERAL EXPENSES: 3480 FUNDRAISING EXPENSE: 13185 TOTAL EXPENSE: 127694

PHOTOGRAPHY AND VIDEOGRAPHY FEES:

PROGRAM SERVICE EXPENSE: 17436

MANAGEMENT AND GENERAL EXPENSES: 675

FUNDRAISING EXPENSE: 0

TOTAL EXPENSE: 18111

Schedule O (Form 990 or 990-EZ) (2020) Page 2 Name of the organization Employer identification number CENTER FOR ECONOMIC INCLUSION 82-3563111 TECHNOLOGY SERVICE FEES: PROGRAM SERVICE FEES: 47504 MANAGEMENT AND GENERAL EXPENSE: 18780 FUNDRAISING EXPENSE: 0 TOTAL EXPENSE: 66284 OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSE: 323497 MANAGEMENT AND GENERAL EXPENSES: 97918 FUNDRAISING EXPENSE: 0 TOTAL EXPENSE: 421415 CASE MANAGEMENT FEES: PROGRAM SERVICE EXPENSE: 76380 MANAGEMENT AND GENERAL EXPENSES:0 FUNDRAISING EXPENSE: 0 TOTAL EXPENSE: 76380 COHORT SUPPORT FEES: PROGRAM SERVICE EXPENSE: 143089 MANAGEMENT AND GENERAL EXPENSES:0 FUNDRAISING EXPENSE: 0 TOTAL EXPENSE: 143089

Schedule O (Form 990 or 990-EZ) (2020) Page 2 Name of the organization Employer identification number CENTER FOR ECONOMIC INCLUSION 82-3563111 EMPLOYER INTERMEDIARY FEES: PROGRAM SERVICE EXPENSE: 91451 MANAGEMENT AND GENERAL EXPENSES:0 FUNDRAISING EXPENSE: 0 TOTAL EXPENSE: 91451 OUTREACH FEES: PROGRAM SERVICE EXPENSE: 27575 MANAGEMENT AND GENERAL EXPENSES:0 FUNDRAISING EXPENSE: 0 TOTAL EXPENSE: 27575 TRAINING FEES: PROGRAM SERVICE EXPENSE: 115350 MANAGEMENT AND GENERAL EXPENSES: 0 FUNDRAISING EXPENSE: 0 TOTAL EXPENSE: 115350 OTHER CONTRACT PROGRAM FEES: PROGRAM SERVICE EXPENSE: 123500 MANAGEMENT AND GENERAL EXPENSES: 0 FUNDRAISING EXPENSE: 0 TOTAL EXPENSES: 123500