Form 990	J
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PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

	artment of the Treasury rnal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection		
-	A For the 2022 calendar year, or tax year beginning and ending					
B	Check if applicat	ole: C Name o	f organization		D Employer identifica	tion number
	Addr	ess ge CEC	STUYVESANT COVE, INC.			
	Name	a	usiness as SOLAR ONE		52-2440116	5
	Initial	Number	r and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		44TH ROAD	201	212-505-60	
	termi ated		town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,356,477.
	Amer	1 DONG	SISLAND CITY, NY 11101		H(a) Is this a group retu	
	Appli tion pend		IND ADDRESS OF PRINCIPAL OFFICER: STEPHEN LEVIN		for subordinates? H(b) Are all subordinates inclu	Yes X No ded? Yes No
1	Tax-e>	kempt status: [X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		
	Webs		SOLAR1.ORG		H(c) Group exemption r	number
		-	X Corporation Trust Association Other	L Year	of formation: 2003 M S	State of legal domicile: ${f NY}$
Pa	art I	Summary				
e	1		be the organization's mission or most significant activities:			INNOVATIVE
Governance		EDUCATI	ON, TRAINING, AND TECHNICAL ASSIST			
er né	2	Check this bo		sed of more	1 1	
Ň	3					16
				16		
es	5		of individuals employed in calendar year 2022 (Part V, line 2a) $\hfill \ldots$			65
<u>viti</u>	6	Total number	of volunteers (estimate if necessary)			102
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
ø	8	Contributions	and grants (Part VIII, line 1h)		4,751,108.	7,965,094.
nué	9	Program serv	ice revenue (Part VIII, line 2g)		1,293,441.	1,390,628.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		341.	755.
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,427.	-4,102.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,047,317.	9,352,375.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		1,487.	3,251.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		3,357,845.	3,770,784.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Del	. b		ing expenses (Part IX, column (D), line 25) 440,7	30.		
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,154,200.	2,993,479.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,513,532.	6,767,514.
	19		expenses. Subtract line 18 from line 12		533,785.	2,584,861.
or	9		·		eginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		4,789,679.	9,453,918.
Net Assets or Fund Balances 57			s (Part X, line 26)		1,486,618.	3,565,996.
Net	22		fund balances. Subtract line 21 from line 20		3,303,061.	5,887,922.
P	art II					· ·
Und	ler pen		I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of mv kr	nowledge and belief. it is
			e. Declaration of preparer (other than officer) is based on all information of w			<u> </u>
	,	1 1 1			10/24/23	

	Mephy 1. Lem	10/24/23			
Sign	Signature of officer	Date			
Here	STEPHEN LEVIN, CHIEF EXECUTIVE OFFICER				
	Type or print name and title				
	Print/Type preparer's name Preparer's signature	Date Check PTIN			
Paid	GARRETT M. HIGGINS GARRETT M. HIGGINS	L0/23/23 self-employed P00543209			
Preparer	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN 87-3231666			
Use Only	Firm's address 245 PARK AVENUE, 12TH FLOOR				
	NEW YORK, NY 10167	Phone no. 212-286-2600			
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No				
232001 12-1	3-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2022)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2022) CEC STUYVESANT COVE, INC. 52-2440116	Page
Par	Int III Statement of Program Service Accomplishments	X
1	Check if Schedule O contains a response or note to any line in this Part III	🔼
	TO PROVIDE EDUCATION AND RESOURCES THAT CREATE MORE SUSTAINABLE AND	
	RESILIENT URBAN ENVIRONMENTS. WE CHANGE THE WAY PEOPLE THINK ABOUT	
	ENERGY, SUSTAINABILITY, AND RESILIENCE BY ENGAGING AND EDUCATING A	
	DIVERSE SET OF STAKEHOLDERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-		s X No
	If "Yes," describe these new services on Schedule O.	•
3		s X No
-	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 5,435,167. including grants of \$ 3,251.) (Revenue \$ 1,390	,628.
	OUR PROGRAMS HELP INDIVIDUALS AND COMMUNITIES EXPLORE NEW WAYS OF	
	LIVING AND WORKING THAT ARE MORE ADAPTIVE TO A CHANGING WORLD. WE DO	2
	THIS THROUGH A NUMBER OF EDUCATION AND OUTREACH PROGRAMS. OUR LARGES	ST
	PROGRAMS ARE: OUR K-12 EDUCATION PROGRAM; HERE COMES SOLAR PROGRAM;	
	GREEN WORKFORCE TRAINING PROGRAM; CLEAN ENERGY COMMUNITIES PROGRAM,	,
	AND MANAGEMENT OF STUYVESANT COVE PARK ON THE EAST RIVER AT 23RD STR	REET
	IN MANHATTAN.	
	EDUCATION: THROUGH OUR K-12 GREEN DESIGN LAB EDUCATION PROGRAM, WE H	
	REACHED STUDENTS AND TEACHERS IN OVER 1,000 SCHOOLS. OUR K-12 EDUCAT	I'TON
	PROGRAM PROVIDES CLASSROOM DELIVERY, FIELD TRIPS, PROFESSIONAL	ATT
4b	DEVELOPMENT FOR TEACHERS, AND ENVIRONMENTAL STEM CURRICULUM. WE REAC (Code:) (Expenses \$ including grants of \$) (Revenue \$)	<u>.</u> п
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses5,435,167.	000
000-	CEE COMEDUME O EOD COMETNMANTON(C)	990 (202
32002	$\frac{12-13-22}{2}$	
10	023 756359 1371895.004 2022.04030 CEC STUYVESANT COVE, INC.	1371

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 Form 990 (2022)
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 COVE ,
 INC .

 Part IV
 Checklist of Required Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
Ŀ	Part VI	<u>11a</u>		<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d	х	
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a		14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			-
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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	Continued)			
00			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		х
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	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		X
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		_X_
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%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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	07		х
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		х
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		Х
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		X
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		_X_
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		<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		х
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		- 23
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		L
	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 1a 22			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	t 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 6 5			
L.		01-	х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a ₂⊾		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
44	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 farcian country (such as a bank account, account, ac other financial account)?	4a		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	44		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
		5c		
	It "Yes" to line 5a or 5b, did the organization file Form 8886-1?	00		
ou	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	u		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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 13b			
	Enter the amount of reserves on hand	44		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		Δ
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI

Check if Schedule O contains a response or note to any line in this Part VI	
Section 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	1a	16				
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16						
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		X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc ⁻	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:				
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
					Yes	No	
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•					
				10b	37		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ betor	e filing the form?	<u>11a</u>	Х		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v		
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			12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	, -			v		
40	on Schedule O how this was done			12c	X X		
13	Did the organization have a written whistleblower policy?			13	X		
14 45	Did the organization have a written document retention and destruction policy?			14			
15	Did the process for determining compensation of the following persons include a review and approva	i by inc	dependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	х		
	The organization's CEO, Executive Director, or top management official			15a		x	
a	Other officers or key employees of the organization			15b			
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	hant w	ith a				
IUd	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable entity during the year?			16a		х	
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			loa			
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
				16b			
Sec	exempt status with respect to such arrangements?				I	1	
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u> , NJ						
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section $501(c)(3)$ s		availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			(Criny)	avandi		
	X Own website X Another's website X Upon request Other (explain	00 80	hedule ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	l finan	cial		
	statements available to the public during the tax year.		and policy, and	. in lain			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	t records				
	NANCY WEBER - 212-505-6050						
		101					
32006				Form	990	(2022)	
52000	6					(

^{2022.04030} CEC STUYVESANT COVE, INC. 13718951

	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	X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1. Complet	to this table for all paragan required to be listed. Depart componentian for the calendar year anding with an within the argonization's tab	woor

INC.

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 the instructions for definition of "key employee."

CEC STUYVESANT COVE,

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Form 990 (2022)

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				from	from related	other			
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1099-NEC)	and related
	below	dual t	Institutional trustee	-	mplo	st co	Ŀ	,		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) STEPHEN LEVIN	35.00									
CHIEF EXECUTIVE OFFICER		1		х				202,642.	Ο.	31,596.
(2) NOAH GINSBURG	35.00									
CO-PROGRAM DIRECTOR		1				X		114,007.	Ο.	38,450.
(3) SARAH PIDGEON	35.00									
CO-PROGRAM DIRECTOR		1				x		110,226.	Ο.	31,432.
(4) NANCY WEBER	35.00									
CHIEF OPERATING OFFICER		1		х				121,678.	Ο.	11,440.
(5) SARA RADELET	35.00									
DEVELOPMENT DIRECTOR		1				x		116,741.	Ο.	12,433.
(6) SHINN YANG	35.00									
FINANCE DIRECTOR		1				x		101,514.	Ο.	12,586.
(7) SARA QUEEN	2.00									
CHAIR		х		х				0.	Ο.	0.
(8) ELLEN WITZLING ROFF	2.00									
TREASURER		х		х				0.	Ο.	0.
(9) JANE R. CROTTY	2.00									
SECRETARY		Х		Х				0.	Ο.	0.
(10) KARA ALLEN	2.00									
BOARD DIRECTOR		Х						0.	0.	0.
(11) KATHERINE L. BODEN	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(12) WILLIAM D. BROWNING	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(13) CHRISTOPHER CAROLAN	1.00									
BOARD DIRECTOR		X						0.	Ο.	0.
(14) MAJORA CARTER	1.00									
BOARD DIRECTOR		х						0.	Ο.	0.
(15) DONNA DE COSTANZO	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(16) ANN DAVLIN	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(17) BRIAN FIELDING	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

232007 12-13-22

2022.04030 CEC STUYVESANT COVE, INC. 13718951

Form 990 (2022)

52-2440116

Page 7

Form 990 (2022) CEC STUY									52-244	01	16	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)		(C) Position					(D)	(E)		(F)	
Name and title	Average		not ch	neck i	more	than c		Reportable	Reportable		Estima	
	hours per week		ox, unless person is both an officer and a director/trustee)			compensation	compensation		amoun			
	(list any	or						_ from the	from related organizations		othe compens	
	hours for	director				p		organization	(W-2/1099-MISC/		from t	
	related	e or i	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		organiza	
	organizations	In dividual trustee or	Institutional trustee		yee	im pei		1099-NEC)			and rela	
	below	idual	ution	ar	ƙey employee	est cc oyee	er	,			organiza	tions
	line)	ln div	Instit	Officer	Key e	High empl	Former				-	
(18) JULIE GALLANTY	1.00											
BOARD DIRECTOR		Х						0.	0).		0.
(19) PATRICIA MCKINNON GRAYSON	1.00											
BOARD DIRECTOR		Х						0.	0).		0.
(20) AMY C. POSTER	1.00											
BOARD DIRECTOR		Х						0.	0).		Ο.
(21) STEPHAN ROUNDTREE	1.00											
BOARD DIRECTOR		х						0.	0).		0.
(22) THOR THORS	1.00									十		
BOARD DIRECTOR		х						0.	0).		0.
										+		
										+		
										+		
										+		
1b Subtotal								766,808.	0).	137,9	337.
c Total from continuation sheets to Part VII								0.).	13773	0.
								766,808.).	137,9	
d Total (add lines 1b and 1c)										•	<u></u>	/5/•
2 Total number of individuals (including but no	or infinited to the	Jse	liste	u au	ove	9 W I I	o re	eceived more than \$100,				6
compensation from the organization											Yes	<u> </u>
										Г	163	
3 Did the organization list any former officer,			•	•	-		Ŭ		•			v
line 1a? If "Yes," complete Schedule J for su										· F	3	X
4 For any individual listed on line 1a, is the su											37	
and related organizations greater than \$150	,		'							· -	4 X	
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	<u>ch r</u>	oers	on .				.	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	•	•							· ·	Isati	on from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business								Description of s	ervices	Cc	ompensati	on
CAMERON ENGINEERING & ASS				-								
CROSSWAYS PARK DRIVE, WOO	DBURY, 🗄	NY	1:	17	<u>97</u>			ENGINEERING			522,7	<u>796.</u>
GROUP-S LLC DBA EN-POWER,	50 MAI	Ν	STI	RE:	ΕT	,						
SUITE 1000, WHITE PLAINS,	NY 106	06						ENERGY SYSTE	MS		507,3	312.
ACCORD POWER INC.												
13030 31ST AVE STE 707, F	LUSHING	, :	NY	1	13	54		ENERGY SYSTE	MS		403,3	345.
SOLAR LIBERTY ENERGY SYST	EMS, IN	C,	6	50	0							
SHERIDAN DR., SUITE 120,	BUFFALO	, :	NY	1	42	21		ENERGY SYSTE	MS		160,4	182.
· · · ·											•	
2 Total number of independent contractors (ir	cluding but no	ot lin	nited	l to 1	thos	se lis	ted	above) who received me	ore than			
\$100.000 of compensation from the organiz	•				4							

Form **990** (2022)

232008 12-13-22

		(2022) CEC STUYVESANT	COVE,	INC.		52-2440	116 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response of	<u>r note to any lin</u>		(D)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	k	Membership dues 1b					
∆ D G G	c	Fundraising events 1c	13,000.				
Sift:	c	Related organizations 1d					
), (imi	e		159,766.				
er S	f	All other contributions, gifts, grants, and					
-ibu			792,328.				
ont	ç	Noncash contributions included in lines 1a-1f	6,400.	7 965 094			
0 0	r	Total. Add lines 1a-1f	Business Code	7,965,094.			
•	0.0	SERVICE FEES INCOME		1,390,628.	1 390 628.		
Program Service Revenue	z c k		511500	1,350,0201	2,330,0200		
Ser	- 0						
am	c						
ogr	e						
Ł	f	All other program service revenue					
	ç			1,390,628.			
	3	Investment income (including dividends, interes					
	_	other similar amounts)		755.			755.
	4 Income from investment of tax-exempt bond proc						
	5	Royalties	(ii) Personal				
	6 -						
	t u						
	Ċ						
	c	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
venue		and sales expenses 7b					
		Gain or (loss)					
r B		I Net gain or (loss)	<u></u>				
Other Re	88	Gross income from fundraising events (not including \$ 13,000. of					
0		contributions reported on line 1c). See					
		Part IV, line 18	0.				
	k		4,102.				
	c	Net income or (loss) from fundraising events		-4,102.			-4,102.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		9 Less: direct expenses					
		Net income or (loss) from gaming activities					
	10 8	Gross sales of inventory, less returns and allowances 10a					
	F	and allowances 10a b Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a	·					
ellaneo evenue	t						
Sells	c						
Miscellaneous Revenue		All other revenue					
		Total. Add lines 11a-11d			1 200 600		2 245
	12	Total revenue. See instructions		9,352,375.	д,390,628.	0.	-3,347.
23200	9 12-1	J-22					Form 990 (2022)

20481023 756359 1371895.004

Form 990 (2022) CEC STUYVESAN Part IX Statement of Functional Expenses CEC STUYVESANT COVE, INC.

Pa	rt IX Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,251.	3,251.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	364,356.	31,172.	284,309.	48,875
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	2,782,935.	2,442,223.	160,449.	180,263
8	Pension plan accruals and contributions (include			_	
	section 401(k) and 403(b) employer contributions)	44,944. 299,553.	35,725. 259,170.	6,108. 30,736.	3,111 9,647
9	Other employee benefits	299,553.	259,170.	30,736.	9,647
10	Payroll taxes	278,996.	228,997.	30,879.	19,120
11	Fees for services (nonemployees):				
а	Management				
b	Legal	16,809.		16,809.	
С	J	37,000.		37,000.	
d	, , , , , , , , , , , , , , , , , , ,	38,500.		38,500.	
е	, , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g				4.0.5	4 4 9 - 9 9
	column (A), amount, list line 11g expenses on Sch 0.)	2,317,144.	2,043,353.	125,083.	148,708
12	Advertising and promotion	2,696.	2,326.	265.	105
13	Office expenses	30,868.	3,866.	26,575.	427
14	Information technology	59,606.	34,868.	21,461.	3,277.
15	Royalties		011 251	40.001	00 007
16	Occupancy	280,569.	211,351.	48,921.	20,297
17	Travel	36,812.	22,420.	11,948.	2,444.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2,034.	1 016	89.	0.0
19	Conferences, conventions, and meetings	2,034.	1,846.		99.
20	Interest				
21	Payments to affiliates	10,372.		10,372.	
22	Depreciation, depletion, and amortization	52,307.	22,485.	29,822.	
23 24	Insurance Other expenses. Itemize expenses not covered	52,507.	22,403.	29,022.	
24	above. (List miscellaneous expenses no line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	74,519.	71,509.	1,153.	1,857.
b	STAFF DEVELOPMENT	16,519.	9,238.	4,781.	2,500
с	EQUIPMENT RENTAL	10,110.	7,227.	2,883.	
d	MOVING EXPENSE	7,614.	4,140.	3,474.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,767,514.	5,435,167.	891,617.	440,730
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

10

232010 12-13-22

Check here

Form 990 (2022)

20481023 756359 1371895.004

if following SOP 98-2 (ASC 958-720)

20481023 756359 1371895.004

Form 990 (2022)

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25

26

27

28

29

30

31

32

33

Liabilities

Net Assets or Fund Balances

Assets

Part X | Balance Sheet

3,303,061.

4,789,679.

29

30

31

32

33

5,887,922.

9,453,918.

Form 990 (2022)

CEC STUYVESANT COVE, INC.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) (B) Beginning of year End of year 1,196,848. 1,514,738. 1 1 Cash - non-interest-bearing 499,600. 683,295. 2 Savings and temporary cash investments 2 1,211,510. 318,705. 2,862,542. Pledges and grants receivable, net 3 326,567. 4 Accounts receivable, net 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 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 5,925. 35,770. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 1,655,364. basis. Complete Part VI of Schedule D _____ 10a 10,372. 1,551,779. 1,644,992. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 5,312. 2,386,014. 15 Other assets. See Part IV, line 11 4,789,679. 9,453,918. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 1,032,655. 846,191. Accounts payable and accrued expenses 17 18 Grants payable 453,963. 213,200. 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to 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 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,506,605. 0. 25 of Schedule D 1,486,618. 3,565,996. 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 2,626,659. 27 2,420,239. Net assets without donor restrictions 3,467,683. Net assets with donor restrictions 676,402. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

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

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Form	990 (2022) CEC STUYVESANT COVE, INC.	52	-2440116	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,352		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,767	/,5	14.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,584		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,303	3,0	61.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	5,887	7,9 2	22.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis 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:				
	X 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 Sch	edule (D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Name of	lame of the organization Employer identification number										
	CEC	STUYVESANT	COVE, INC.				5	2-2440116			
Part I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.				
The orga	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)							
3	A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	ii).					
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
	city, and state:										
5	An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in			
	section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7 X	An organization that norma	Ily receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general	public described in			
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)							
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college			
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
	university:										
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from			
	activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no i	more than	33 1/3% of its	s support f	rom gross investment			
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.			
	See section 509(a)(2). (Co	mplete Part III.)									
11	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).					
12	An organization organized a	-	-				•				
	more publicly supported or	-						Check the box on			
_	lines 12a through 12d that	• •					-				
a	Type I. A supporting orga		-	• • • •	-						
	the supported organization			i majority o	f the direc	tors or truste	es of the su	upporting			
	organization. You must o	-									
b 🗌	Type II. A supporting org	-				-		-			
	control or management o			ame perso	ns that co	ntroi or manag	ge the supp	Dorted			
• [organization(s). You mus	-		in connoct	ion with		ly intograte	od with			
c L	its supported organization	• • • •					ly integrate	ia with,			
d	Type III non-functionally						ted oragni [.]	zation(s)			
u	that is not functionally int	• •					•				
	requirement (see instruct			•		-	anattenti	Veness			
e	Check this box if the orga	-					II Type III				
	functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , p e				
f Ent	ter the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0							
	ovide the following information	•									
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of other			
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			
Total											

Schedule	A (Form 990) 2022
Part II	Suppo	rt Sc

CEC STUYVESANT COVE, INC.

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

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1777676.	3281079.	2387589.	4751108.	7965094.	20162546.		
2	Tax revenues levied for the organ-								
	ization'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	1777676.	3281079.	2387589.	4751108.	7965094.	20162546.		
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)						4657033.		
	Public support. Subtract line 5 from line 4.						15505513.		
	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022			
	Amounts from line 4	1777676.	3281079.	2387589.	4751108.	/965094.	20162546.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	10 556	2 405		4 005		10 100		
	and income from similar sources	10,556.	3,485.	77.	4,295.	755.	19,168.		
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	0.045	0 0 0 0	0 004			01 500		
	assets (Explain in Part VI.)	9,245.	9,369.	2,924.			21,538.		
11							20203252.		
12	Gross receipts from related activities,	•	,				,440,332.		
13	First 5 years. If the Form 990 is for th	•				()()			
50	organization, check this box and stop		-				<u>L</u>		
	ction C. Computation of Public			(f)		44	76.75 %		
. –	Public support percentage for 2022 (I		•			14 15	80.00		
15	Public support percentage from 2021 33 1/3% support test - 2022. If the o						,		
102		-					37		
L	 stop here. The organization qualifies 33 1/3% support test - 2021. If the ofference of the state of the state		•		line 15 is 22 1/20/				
L		•							
17.	and stop here. The organization qual								
1/2	10% -facts-and-circumstances test								
	and if the organization meets the fact meets the facts-and-circumstances te			-		-			
F	10% -facts-and-circumstances test	•	•		•	7a and line 15 is			
L	more, and if the organization meets th	•							
	organization meets the facts-and-circu								
18							L		
-10	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2022 Schedule A (Form 990) 2022								

include any "unusual grants.")	
include any anabaa grants.)	

Schedule A (Form 990) 2022

Section A. Public Support

Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and membership fees received. (Do not

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

(a) 2018

qualify under the tests listed below, please complete Part II.)

- 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
- 3 Gross receipts from activities that are not an unrelated trade or business under section 513
- 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- 5 The value of services or facilities furnished by a governmental unit to the organization without charge ...
- 6 Total. Add lines 1 through 5
- 7a Amounts included on lines 1, 2, and 3 received from disqualified persons
- **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b
- 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatic	on,
check this box and stop here						
Section C. Computation of Public	c Support Per	rcentage				

15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a	a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3%	6, and line 17 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	tion	
ł	o 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	re tha	n 33 1/3%, and
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly suppo	rted o	rganization
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see insi	tructic	ons

20481023 756359 1371895.004

(d) 2021

(c) 2020

(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

<u>(b) 20</u>19

(f) Total

(e) 2022

2022.04030 CEC STUYVESANT COVE, INC. 13718951

15

CEC STUYVESANT COVE, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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CEC STUYVESANT COVE, INC.

2

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 on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>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</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		

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. Section C. Type II Supporting Organizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

 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)? If "No," describe in Part VI how control or managed

 1
 1

Section 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).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental ent	ity (see instruction <u>s).</u>
-----	--	---	-------------------------	----------------------------------	---------------------------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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.* 232025 12-09-22

Schedule A (Form 990) 2022

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(A) Prior Year	(B) Current Year (optional)
(A) Prior Year	
	()
	Current Year
Type III supporting orga	nization (see

Section A - Adjusted Net Income

1 Net short-term capital gain

4 Add lines 1 through 3.

Recoveries of prior-year distributions
 Other gross income (see instructions)

1

CEC STUYVESANT COVE, INC.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

1

2

3 4

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(B) Current Year

(optional)

(A) Prior Year

232026 12-09-22

20481023 756359 1371895.004

d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

Section D - Distributions

2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7					
	and 4c.				
	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
С	Excess from 2020				

CEC STUYVESANT COVE, INC.

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Current Year

1

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

CEC STUYVESANT COVE, INC.

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2018 AMOUNT: S	5 7,167.		
2019 AMOUNT: S	9,369.		
2020 AMOUNT: S			
REIMBURSEMENT			
2018 AMOUNT: S	2,078.		
232028 12-09-22			Schedule A (Form 990) 202
<u>-02020</u> 12-03 ⁻ 22		20	

Name of the organization

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

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Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

CI	EC STUYVESANT COVE, INC.	52-2440116
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 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

X 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), 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 totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless total set of the parts unless

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

CEC STUYVESANT COVE, INC.

52-2440116

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		
1		\$2,400,000.	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		
2		\$ <u>1,638,140.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$ <u>1,238,385.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>4</u>	Name, address, and ZiP + 4	\$468,391.	Person X Payroll (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$ <u>400,000.</u>	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		
6		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2022)

223452 11-15-22

Name of organization

Employer identification number

52-2440116

CEC STUYVESANT COVE, INC.

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		\$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			
8_		\$00,000.	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_		\$00,000.	Person X Payroll			
(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 Occupied Part II for noncash contributions.)			

Schedule B (Form 990) (2022)

Page 2

23 2022.04030 CEC STUYVESANT COVE, INC. 13718951

20481023 756359 1371895.004

Name of organization

Page 3

Employer identification number

52-2440116

CEC STUYVESANT COVE, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	cash Property (see instructions). Use duplicate copies of Pa		1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

24

223453 11-15-22

Schedule B (Form 990) (2022)

Trom any one contributor. Complete columns (a) through (b) and the following line arity. For organizations		nization		Employer identification number
art III Exclusively religious, charitable, etc., combutions to organizations described in sections 051(c)(7, 8), or (10) that test more stands) comparing farl it, and the ball or exclusively difference in sections 051(c)(7, 8), or (10) that test more stands) is comparing farl it, and the ball or exclusively difference is 5,000 or less for the yee, finite the into oncol \$ Use objective comes of a sections of the section of the sectin the section of the sectin the section of the	ר פייוז	WIESANT COVE INC		52-2440116
completely pietti user the total decisiony influes. contractions of \$1000 or liess for his year (start this ref. once) \$	Part III E	xclusively religious, charitable, etc., contributi		n 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
Use duplicate copies of Part III if additional space is needed. Use duplicate copies of Part III if additional space is needed. (c) Use of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (f) Transferee's name, address, and ZIP + 4 (f) Description of how gift is held (f) Purpose of gift (f) Purpo	C	ompleting Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or less	For organizations for the year. (Enter this info. once.)
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SCHEDULE C	Po	litical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990))) For Organizations Exempt From Income Tax Under section 501(c) and section 527					2022
	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.					
Department of the Treasury Internal Revenue Service	partment of the Treasury					Open to Public Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Camp	aign Ac	tivities), then
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.			
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete P	arts I-A and C below. I	Do not complete Par	t I-B.	
 Section 527 organization 	ations: Complete	Part I-A only.				
-		Form 990, Part IV, line 4, or For			-	
		nave filed Form 5768 (election und		•		
	•	nave NOT filed Form 5768 (election	()	, ,		
Tax) (See separate inst	-	Form 990, Part IV, line 5 (Proxy	rax) (See separate in	istructions) or Form	1990-EZ	L, Part V, line 35C (Proxy
		ions: Complete Part III.				
Name of organization		•			Employ	yer identification number
	CEC STU	YVESANT COVE, INC	•		1	52-2440116
Part I-A Comple	ete if the org	anization is exempt under	[·] section 501(c) o	or is a section 52	27 orga	anization.
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
2 Political campaign	activity expendit	ures			\$_	
3 Volunteer hours for	political campai	gn activities			···· <u> </u>	
Part I-B Compl	ate if the ora	anization is exempt under	$\frac{1}{1}$ section 501(c)(3	1		
-	-	•		•	¢	
	2	incurred by the organization under incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				
4a Was a correction m						Yes No
b If "Yes," describe in						
Part I-C Comple	ete if the org	anization is exempt under	[•] section 501(c), e	except section {	501(c)(3).
1 Enter the amount d	irectly expended	by the filing organization for secti	on 527 exempt function	on activities	\$	
		ization's funds contributed to othe				
exempt function ac	tivities				\$_	
3 Total exempt functi	on expenditures	Add lines 1 and 2. Enter here and	on Form 1120-POL,			
line 17b					\$_	
						Yes No
		ployer identification number (EIN)				
		tion listed, enter the amount paid f comptly and directly delivered to a s				
		additional space is needed, provid			sparates	segregated fund of a
(a) Name	. ,	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political
(a) Name	2	(b) Address		filing organizatio		contributions received and
				funds. If none, ent		promptly and directly
						delivered to a separate political organization.
						If none, enter -0
					$ \longrightarrow $	
					$ \longrightarrow $	
	ion Act Nation	soo the Instructions for Form 99	 or 990 E 7	1		bodulo C (Earm 990) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

		IYVESANT COV			2440116 Page 2
Part II-A Complete if the org section 501(h)).	ganization	is exempt under s	section 501(c)(3) and	filed Form 5768 (el	ection under
	ation belongs	to an affiliated aroun (a	nd list in Part IV each affilia	ted aroun member's nam	address FIN
	•	obbying expenditures).		ted group member 3 nan	ie, address, Ein,
		box A and "limited cor	ntrol" provisions apply		
Limi	its on Lobbyi	ng Expenditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expen	ditures" mea	ns amounts paid or in	curred.)	totals	
1a Total lobbying expenditures to infl	uence public	opinion (grassroots lob	bying)		
b Total lobbying expenditures to infl	uence a legisl	ative body (direct lobby	/ing)		
c Total lobbying expenditures (add l	ines 1a and 1	o)			
d Other exempt purpose expenditure					
e Total exempt purpose expenditure	es (add lines 1	c and 1d)			
f Lobbying nontaxable amount. Ent	er the amount	from the following tab	le in both columns.		
If the amount on line 1e, column (a) o	or (b) is:	The lobbying nontax	able amount is:		
Not over \$500,000		20% of the amount or	i line 1e.		
Over \$500,000 but not over \$1,00	0,000	\$100,000 plus 15% of	the excess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,000 plus 10% of	the excess over \$1,000,00	<u>D.</u>	
Over \$1,500,000 but not over \$17	,000,000		he excess over \$1,500,000	<u> </u>	
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable amount (er		,			
h Subtract line 1g from line 1a. If zer	ro or less. ente	? r -()-			
Ũ	,				
i Subtract line 1f from line 1c. If zero	o or less, ente	r -0-			
i Subtract line 1f from line 1c. If zero j If there is an amount other than ze	o or less, ente ero on either li	r -0- ne 1h or line 1i, did the	organization file Form 4720		
i Subtract line 1f from line 1c. If zero	o or less, ente ero on either li year?	r -0- ne 1h or line 1i, did the	organization file Form 4720		Yes No
 i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this 	o or less, ente ero on either li year? 4- that made a s	r -0- ne 1h or line 1i, did the Year Averaging Period ection 501(h) election	organization file Form 4720	all of the five columns b	
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i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount	o or less, ente ero on either li year? 4- that made a s See th Lobbyi	r -0- he 1h or line 1i, did the Year Averaging Perior ection 501(h) election he separate instructio ng Expenditures Durir	organization file Form 4720 d Under Section 501(h) do not have to complete a ns for lines 2a through 2f.) ng 4-Year Averaging Perio	all of the five columns b	elow.
 i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount 	o or less, ente ero on either li year? 4- that made a s See th Lobbyi	r -0- he 1h or line 1i, did the Year Averaging Perior ection 501(h) election he separate instructio ng Expenditures Durir	organization file Form 4720 d Under Section 501(h) do not have to complete a ns for lines 2a through 2f.) ng 4-Year Averaging Perio	all of the five columns b	elow.
i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount	o or less, ente ero on either li year? 4- that made a s See th Lobbyi	r -0- he 1h or line 1i, did the Year Averaging Perior ection 501(h) election he separate instructio ng Expenditures Durir	organization file Form 4720 d Under Section 501(h) do not have to complete a ns for lines 2a through 2f.) ng 4-Year Averaging Perio	all of the five columns b	elow.
 i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) 	o or less, ente ero on either li year? 4- that made a s See th Lobbyi	r -0- he 1h or line 1i, did the Year Averaging Perior ection 501(h) election he separate instructio ng Expenditures Durir	organization file Form 4720 d Under Section 501(h) do not have to complete a ns for lines 2a through 2f.) ng 4-Year Averaging Perio	all of the five columns b	elow.
 i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount 	o or less, ente ero on either li year? 4- that made a s See th Lobbyi	r -0- he 1h or line 1i, did the Year Averaging Perior ection 501(h) election he separate instructio ng Expenditures Durir	organization file Form 4720 d Under Section 501(h) do not have to complete a ns for lines 2a through 2f.) ng 4-Year Averaging Perio	all of the five columns b	elow.
 i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) 	o or less, ente ero on either li year? 4- that made a s See th Lobbyi	r -0- he 1h or line 1i, did the Year Averaging Perior ection 501(h) election he separate instructio ng Expenditures Durir	organization file Form 4720 d Under Section 501(h) do not have to complete a ns for lines 2a through 2f.) ng 4-Year Averaging Perio	all of the five columns b	elow.
i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures	o or less, ente ero on either li year? 4- that made a s See th Lobbyi	r -0- he 1h or line 1i, did the Year Averaging Perior ection 501(h) election he separate instructio ng Expenditures Durir	organization file Form 4720 d Under Section 501(h) do not have to complete a ns for lines 2a through 2f.) ng 4-Year Averaging Perio	all of the five columns b	elow.
 i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount 	o or less, ente ero on either li year? 4- that made a s See th Lobbyi	r -0- he 1h or line 1i, did the Year Averaging Perior ection 501(h) election he separate instructio ng Expenditures Durir	organization file Form 4720 d Under Section 501(h) do not have to complete a ns for lines 2a through 2f.) ng 4-Year Averaging Perio	all of the five columns b	elow.
 i Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount 	o or less, ente ero on either li year? 4- that made a s See th Lobbyi	r -0- he 1h or line 1i, did the Year Averaging Perior ection 501(h) election he separate instructio ng Expenditures Durir	organization file Form 4720 d Under Section 501(h) do not have to complete a ns for lines 2a through 2f.) ng 4-Year Averaging Perio	all of the five columns b	elow.

Schedule C (Form 990) 2022

232042 11-08-22

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(i	a)	(t	b)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
h. Deid staff an management (include companyation in superson was stad on lines to the such til)		Х		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	37		38	3,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		-
i Other activities?		Х		
j Total. Add lines 1c through 1i			38	3,500.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filling experimentian incrumed exection 4010 terr, did it file Forms 4700 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)(5). or sec	tion	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 				
 Bid the organization make only influese lobbying expenditures of \$2,000 of less? Did the organization agree to carry over lobbying and political campaign activity expenditures from 				
Part III-B Complete if the organization is exempt under section 501(c)(4), sec			tion	1
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere				3. is
answered "Yes."		(,	···· , ····-	-,
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total				
 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 				
 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the 				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an				
	u political	4		
5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information		5		
		A 11		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gravitational) and Part II P, line 1. Also, complete this part for any additional information	oup list); Part II-	A, imes i ar	iu 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART II-B, LINE 1, LOBBYING ACTIVITIES:				
GEO OMINUTECANO OOVE HIDED LODDVICE DO DOVIDO LOCAL		TD		
CEC STUYVESANT COVE HIRED LOBBYIST TO PROVIDE LEGISL	ATIVE AL	עא		
		~		
REGULATORY REPRESENTATION AND INTERACTION WITH STATE	AND LOC	:AL		

GOVERNMENTS IN NEW YORK STATE AND THE CITY OF NEW YORK.

Schedule C (Form 990) 2022

232043 11-08-22

SC	HEDULE D		al Financial Statements		OMB No. 1545-0047
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2022
Depart	ment of the Treasury	At	ttach to Form 990. D for instructions and the latest information.		Open to Public
	I Revenue Service	Inspection			
Nam	e of the organization	CEC STUYVESANT COVE	E, INC.	Emplo	oyer identification number 52-2440116
Pa	rt I Organizatio		Funds or Other Similar Funds or Ac	count	S. Complete if the
	organization an	nswered "Yes" on Form 990, Part IV, line	e 6.		
			(a) Donor advised funds	(b) Fund	s and other accounts
1		fyear			
2		ntributions to (during year)			
3		ants from (during year)			
4		d of year			
5	-		vriting that the assets held in donor advised fund exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
Ŭ	U U	u	r donor advisor, or for any other purpose conferr	-	
	• •			•	Yes No
Pa	t II Conservatio	on Easements. Complete if the org	anization answered "Yes" on Form 990, Part IV,	line 7.	
1		ation easements held by the organizatio			
	Preservation of I	land for public use (for example, recreat	tion or education) Preservation of a histo	orically in	nportant land area
	Protection of nat	tural habitat	Preservation of a certi	ified histo	oric structure
	Preservation of c	open space			
2		ough 2d if the organization held a qualifi	ied conservation contribution in the form of a co		
	day of the tax year.				leld at the End of the Tax Year
	Total number of conse			2a	
	•			2b	
ر ام			acture included in (a)	2c	
a		on easements included in (c) acquired a		2d	
3			eased, extinguished, or terminated by the organi	<u> </u>	uring the tax
U	year		sased, extinguished, or terminated by the organi	zation di	
4		re property subject to conservation eas	ement is located		
5	Does the organization	have a written policy regarding the peri	iodic monitoring, inspection, handling of		
	violations, and enforce	ement of the conservation easements it	holds?		Yes No
6	Staff and volunteer ho	urs devoted to monitoring, inspecting, h	handling of violations, and enforcing conservatio	n easem	nents during the year
7	Amount of expenses in	ncurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation east	sements	during the year
-				<i>(</i> 1)	
8			e satisfy the requirements of section 170(h)(4)(B)	.,	
0	and section 170(h)(4)(E		on easements in its revenue and expense statem		Yes No
9		•	ote to the organization's financial statements that		hes the
		ting for conservation easements.		at descri	
Pa	t III Organizatio	ns Maintaining Collections of	Art, Historical Treasures, or Other S	imilar	Assets.
		organization answered "Yes" on Form			
1a	If the organization elec	ted, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance she	et works
	of art, historical treasu	res, or other similar assets held for pub	lic exhibition, education, or research in furtherar	nce of pu	ıblic
	service, provide in Part	t XIII the text of the footnote to its finan	cial statements that describes these items.		
b	-		8, to report in its revenue statement and balance		
			exhibition, education, or research in furtherance	e of publi	ic service,
		amounts relating to these items:		*	
				•	
2	(ii) Assets included in		asures, or other similar assets for financial gain, r		
2	-	erved or heid works of art, historical trea		provide	
а	-			\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.
232051 09-01-22	
	29

29					
2022.04030	CEC	STUYVESANT	COVE,	INC.	13718951

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 CEC STU	YVESANT CO	VE, I	NC.			5	52-24	40116	- Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other	⁻ Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make si	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 L	_oan or exc	hange progra	m					
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organizatio	n's exen	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical trea	sures, or othe	r similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered ""	Yes" on	Form 990,	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amount		
С	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
t O-	Ending balance						. 1 f				1
	Did the organization include an amount on F						τγ?	L	Yes		_ No □
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete						0				_
		(a) Current year		rior year	(c) Two years		(d) Three y	ears hack	(e) Four	vears	hack
10	Beginning of year balance	(u) ourrent your	(5)	nor year		o buok	(d) 11100 y	ouro buon		youro	buok
1a h											
0	Contributions										
с А	Grants or scholarships										
u o	Other expenditures for facilities										
C											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1a	column (a)) held as:						
_ a	Board designated or quasi-endowment	•	%	, oolanni (a							
b	Permanent endowment	%	_/*								
c		%									
	The percentages on lines 2a, 2b, and 2c sho	- uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administere	ed for th	е				
	organization by:								[Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	inds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	, line 11a. S	See Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr		.,	t or other (other)	• •	ccumulate preciation	d	(d) Bool	k value	Э
1a	Land										
	Buildings										
	Leasehold improvements				2,403.		4,19			3,21	
	Equipment				1,182.		6,18			5,00	
	Other			-	51,779.				1,551		
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, colum</u>	<u>n (B), line 1</u>	0c.)	<u></u>			1,644	1,99	92.

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D	(Form 990) 2022	STUYVESANT	COVE,	INC.
	(E	0000	CULLAND	COVE	TMC

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 valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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 valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (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) Description	(b) Book value
(1) SECURITY DEPOSITS	595.
(2) RIGHT OF USE ASSET, NET	2,385,419.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,386,014.
Part X Other Liabilities.	
Complete if the organization answered "Vec" on Form 990, Part IV, line 11e or 11f, See Form 990, Part X, line	o 25

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (b) Book value (a) Description of liability <u>1.</u> (1) Federal income taxes 2,506,605 LEASE LIABILITY (2) (3) (4) (5) (6) (7) (8) (9) 2,506,605.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2022

232053 09-01-22

Scheo	dule D (Form 990) 2022 CEC STUYVESANT COVE, INC.			52-2	2440116 _P	o _{age} 4
Par	XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	9,559,3	53.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities	2 b	202,876.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	4,102.			
е	Add lines 2a through 2d			2e	206,9	
3	Subtract line 2e from line 1			3	9,352,3	75.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
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		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	9,352,3	75.
Par	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per l	Returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	а.				
1	Total expenses and losses per audited financial statements			1	6,974,4	<u>.92.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	202,876.			
b	Prior year adjustments	2b				
	Other losses					
	Other (Describe in Part XIII.)		4,102.			
е	Add lines 2a through 2d			2e	206,9	78.
	Subtract line 2e from line 1			3	6,767,5	14.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)					
	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	6,767,5	14.
Par	t XIII Supplemental Information.			· ·	· · ·	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par					

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

 SOLAR ONE RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE

 POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS

 DETERMINED THAT SOLAR ONE HAD NO UNCERTAIN TAX POSITIONS THAT WOULD

 REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. SOLAR ONE IS NO

 LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR

 PERIODS PRIOR TO 2019.

 PART XI, LINE 2D - OTHER ADJUSTMENTS:

 EVENT EXPENSES REPORTED ON PART VIII, LINE 8B

PART XII, LINE 2D - OT	HER ADJUSTMENTS:
232054 09-01-22	Schedule D (Form 990) 2022

Schedule I	D (Form 990) 2022	CEC tal Information	STU	JYVES	ANT CC	VE, I	NC.		52-244	0116 Page 8
Part XII	Supplement	tal information	(con	tinued)						
EVENT	EXPENSES	REPORTED	ON	PART	VIII,	LINE	8B			4,102.
									Schedule F) (Form 990) 202

232055 09-01-22

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7	
		Compensated Employees		20		
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organization	1		identificatio		nber
		CEC STUYVESANT COVE, INC.	52-2	244011	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com					
		ation and gross-up payments				
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
-		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~	la d'acta e del de 16 au					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO (Fuendation Directory but available in Dect III)	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	X Form 990 of o		ommittee			
			ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		х
b		eive payment from a supplemental nonqualified retirement plan?				x
c	•	eive payment from an equity-based compensation arrangement?				x
-	-	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	·····,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	-			5a		X
b	Any related organiz	ation?				X
		r 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	'n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
		ation?				X
	If "Yes" on line 6a c	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1e			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2022

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Schedule J (Form 990) 2022

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Page **2**

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.

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEPHEN LEVIN	(i)	202,642.	0.	0.	1,500.	30,096.	234,238.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NOAH GINSBURG	(i)	114,007.	0.	0.	1,500.	36,950.	152,457.	0.
CO-PROGRAM DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUSTAINABILITY AND RESILIENCY IN DIVERSE URBAN ENVIRONMENTS. WE EMPOWER

LEARNING THAT CHANGES THE WAY PEOPLE THINK ABOUT ENERGY,

CEC STUYVESANT COVE,

SUSTAINABILITY, AND RESILIENCE BY ENGAGING AND EDUCATING A DIVERSE SET

OF STAKEHOLDERS AND BENEFICIARIES. OUR PROGRAMS HELP INDIVIDUALS AND

COMMUNITIES EXPLORE NEW WAYS OF LIVING AND WORKING THAT ARE MORE

ADAPTIVE TO A CHANGING WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THOUSANDS OF YOUTH PER YEAR WITH HANDS-ON ENVIRONMENTAL STEM EDUCATION

PROGRAMMING.

HERE COMES SOLAR PROVIDES COMPREHENSIVE TECHNICAL ASSISTANCE TO

HIGH-BARRIER MARKETS, INCLUDING COMMUNITY ORGANIZATIONS, AFFORDABLE

HOUSING PROVIDERS AND RESIDENTS, AND RENTERS, TO MAKE SOLAR

COST-EFFECTIVE AND ACCESSIBLE TO ALL. WE FOCUS ON LOW-INCOME

COMMUNITIES AND COMMUNITIES OF COLOR WHO FACE DISPROPORTIONATE

CHALLENGES TO ACCESSING THE ECONOMIC BENEFITS OF SOLAR.

THE GREEN WORKFORCE PROGRAM PROVIDES UNDER- AND UNEMPLOYED INDIVIDUALS

WITH EDUCATION, CERTIFICATIONS AND HANDS-ON EXPERIENCE IN SUSTAINABLE

CONSTRUCTION, BUILDING OPERATIONS AND MAINTENANCE, HVAC, ENERGY

EFFICIENCY AND SOLAR PV. THE TEAM WORKS IN PARTNERSHIP WITH MANY CBOS

AND NONPROFITS ACROSS THE CITY TO PROVIDE A FULL-SERVICE WORKFORCE

DEVELOPMENT PROGRAM THAT REACHES OR EXCEEDS A 75% JOB PLACEMENT RATE

YEAR-OVER-YEAR

CLEAN ENERGY COMMUNITIES PROGRAMS: THROUGH OUR CLEAN ENERGY COMMUNITIES PROGRAM, WE PROVIDE TECHNICAL ASSISTANCE TO NEW YORK CITY AGENCIES IN ORDER TO REDUCE GREENHOUSE GAS EMISSIONS IN THE PUBLIC AND PRIVATE SECTORS.

STUYVESANT COVE PARK: THROUGH PROGRAMMING AT STUYVESANT COVE PARK, A UNIQUE PUBLIC GREEN SPACE ON A FORMER INDUSTRIAL SITE, WE TEACH THE PUBLIC ABOUT INTERDEPENDENCIES OF NATIVE PLANTS, WILDLIFE, AND PEOPLE, AND THE POTENTIAL FOR URBAN ECOLOGICAL RESTORATION AND RENEWAL. THE SOLAR ONE ENVIRONMENTAL EDUCATION CENTER (S1EEC) WILL BE CONSTRUCTED IN STUYVESANT COVE PARK WITH A PROJECTED OPENING IN EARLY 2025. AS CURRENTLY PLANNED, IT WILL BE A FULLY RESILIENT BUILDING WITH PHOTOVOLTAIC SOLAR AND BATTERY STORAGE, WITH CLASSROOMS AND OFFICE SPACE, AND WILL BE AVAILABLE FOR A RANGE OF SPECIAL EVENT PROGRAMMING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM. AFTER REVIEW BY THE CHIEF OPERATING OFFICER, FINANCE DIRECTOR, CHIEF EXECUTIVE OFFICER, AND BOARD TREASURER, A COMPLETE COPY IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR THEIR REVIEW AND COMMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: SOLAR ONE HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO THE BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES. ON A YEARLY BASIS, EACH INDIVIDUAL IS REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT, DISCLOSING ANY INTERESTS THAT MAY LEAD TO A CONFLICT. IF A CONFLICT OF INTEREST Schedule O (Form 990) 2022 232212 10-28-22 38

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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
CEC STUYVESANT COVE, INC.	52-2440116
EXISTS, THE INTERESTED PARTY MUST NOTIFY THE FULL BOARD FO	R ITS REVIEW OF
THE SITUATION. IF THE BOARD DETERMINES THAT AN ACTUAL CONF	LICT OF INTEREST
EXISTS, THE INTEREST PARTY IS NOTIFIED IMMEDIATELY AND CAN	NOT VOTE ON OR
TAKE PART IN ANY DECISIONS ABOUT SUCH RELATED TRANSACTIONS	. THIS PROCESS IS
DOCUMENTED IN THE MINUTES OF THE BOARD MEETINGS.	

FORM 990, PART VI, SECTION B, LINE 15A:

THE CEO'S COMPENSATION IS REVIEWED BY THE FINANCE COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS AFTER COMPARING THE COMPENSATION WITH EXECUTIVE DIRECTORS OF OTHER ORGANIZATIONS OF THE SAME SIZE AND TYPE, TAKING INTO ACCOUNT THE GEOGRAPHIC LOCATION AND THE UNIQUE CHALLENGES AND RESPONSIBILITIES OF THE ORGANIZATION, USING THE MOST CURRENT VERSION OF FORM 990S AVAILABLE ON GUIDESTAR FOR SIMILAR SIZED ORGANIZATION, AND USING THE MOST RECENT GUIDESTAR COMPENSATION REPORT. THIS PROCESS IS DOCUMENTED IN THE MINUTES OF THE BOARD MEETING AND WAS LAST UNDERTAKEN IN 2022.

FORM 990, PART VI, SECTION C, LINE 19:

SOLAR ONE MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON ITS WEBSITE, GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION TO FORMS 990, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

 FORM 990, PART I, QUESTION 5, AND PART V, QUESTION 2A:

 THE ORGANIZATION CONTRACTED WITH A PROFESSIONAL EMPLOYER ORGANIZATION

 (PEO) FOR SERVICES, INCLUDING BUT NOT LIMITED TO, PAYROLL, TIMEKEEPING,

 EMPLOYEE BENEFITS, HR ADMINISTRATION AND WORKFORCE REGULATORY

 COMPLIANCE NEEDS. AS THE EMPLOYER OF RECORD FOR TAX PURPOSES, FORMS

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Schedule O (Form 990) 2022 Name of the organization CEC STUYVESANT COVE, INC.	Page Employer identification number 52-2440116
W-2 AND W-3 ARE ISSUED BY THE PEO AND FILED UNDER THE PI	
EIN. IN THIS CO-EMPLOYMENT ARRANGEMENT, THE ORGANIZATIO	
LAW EMPLOYER AND, ACCORDINGLY, COMPENSATION IS REPORTED	ON FORM 990,
PART VII, SECTION A AND PART IX, LINES 5-10.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICES: CONSULTANTS:	
PROGRAM SERVICE EXPENSES	31,393.
MANAGEMENT AND GENERAL EXPENSES	114,658.
FUNDRAISING EXPENSES	143,398.
TOTAL EXPENSES	289,449.
PROGRAM SUBCONTRACTORS:	
PROGRAM SERVICE EXPENSES	1,809,343.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,809,343.
PEO SERVICES FEE:	
PROGRAM SERVICE EXPENSES	60,971.
MANAGEMENT AND GENERAL EXPENSES	10,425.
FUNDRAISING EXPENSES	5,310.
TOTAL EXPENSES	76,706.
PER DIEM EDUCATORS FEE:	
PROGRAM SERVICE EXPENSES	116,036.
MANAGEMENT AND GENERAL EXPENSES	0.
²³²²¹² 10-28-22 40 81023 756359 1371895.004 2022.04030 CEC STUYVE	Schedule O (Form 990) 202

Name of the organization	Employer identification number
CEC STUYVESANT COVE, INC.	52-2440116
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	116,036.
OUTSIDE TRAINING SERVICES & EXAM FEES:	
PROGRAM SERVICE EXPENSES	25,610.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,610.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,317,144.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RES	PONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND S	
	DDTOD VEND
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM	PRIOR YEAR.
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM	PRIOR YEAR.
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INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM	PRIOR YEAR.

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