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Form	990

Department of the Treasury Internal Revenue Service

For the 0001 coloredor

PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

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АГ	or the	2021 calendar year, or tax year beginning and	enaing				
B C	heck if oplicable:	C Name of organization		D Employer identifie	cation number		
X	Address change	CEC STUYVESANT COVE, INC.					
	Name change	Doing business as SOLAR ONE		52-2440116			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final return/	9-03 44TH ROAD	201	212-505-	6050		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,056,640.		
	Amende return	LONG ISLAND CITY, NY 11101		H(a) Is this a group re	eturn		
	Applica- tion	F Name and address of principal officer: DIEFILEN DEVIN		for subordinates	? Yes X No		
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		npt status: 🚺 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions		
		E WWW.SOLAR1.ORG		H(c) Group exemption	n number 🕨		
		organization: X Corporation Trust Association Other ►	L Year	of formation: 2003 N	I State of legal domicile: NY		
Pa		Summary					
6		Priefly describe the organization's mission or most significant activities: \underline{TOD}			INNOVATIVE		
nce	E	EDUCATION, TRAINING, AND TECHNICAL ASSIST					
Governance	2 C	Check this box 🕨 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass			
ove					14		
3 0		lumber of independent voting members of the governing body (Part VI, line 1b)			14		
es		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			51		
iviti		otal number of volunteers (estimate if necessary)			310		
Activities &	7a.⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.		
	bΝ	let unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
				Prior Year	Current Year		
e		Contributions and grants (Part VIII, line 1h)		2,387,589.	4,751,108.		
Revenue		Program service revenue (Part VIII, line 2g)		1,330,361.	1,293,441.		
Sev		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		77.	341.		
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,924.	2,427.		
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,720,951.	6,047,317.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,157.	1,487.		
		Benefits paid to or for members (Part IX, column (A), line 4)		2,885,582.	0.		
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,005,502.	<u>3,357,845.</u> 0.		
ens		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.		
Expenses				1,185,260.	2,154,200.		
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,071,999.	5,513,532.		
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-351,048.	533,785.		
or		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
sts o ance	20 T	otal assets (Part X, line 16)		3,649,934.	<u>4,789,679.</u>		
Asse Balá	20 T			880,658.	1,486,618.		
Net Assets Fund Balanc	21 I 22 N	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20		2,769,276.	3,303,061.		
	rt II	Signature Block			5,505,001.		

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

	Itephin T. Lemi		11	1/15/22	
Sign	Signature of officer		Date		
Here		XECUTIVE OFFICER			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature		Check PTIN	
Paid	GARRETT M. HIGGINS	GARRETT M. HIGGINS	11/15/22		
Preparer	Firm's name 🕒 PKF O'CONNOR DAV	IES, LLP	Firm's	EIN ▶ 27-1728945	
Use Only	Firm's address 245 PARK AVENUE,	12TH FLOOR			
	NEW YORK, NY 101	67	Phone	no.212-286-2600	
May the IRS discuss this return with the preparer shown above? See instructions X Yes No					
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) CEC STUYVESANT COVE, INC.	52-2440116	Page
Par	rt III Statement of Program Service Accomplishments		v
	Check if Schedule O contains a response or note to any line in this Part III		🛛 Х
1	Briefly describe the organization's mission: TO PROVIDE EDUCATION AND RESOURCES THAT CREATE MORE	CUCTATNABLE AND	
	RESILIENT URBAN ENVIRONMENTS. WE CHANGE THE WAY PEOP		
	ENERGY, SUSTAINABILITY, AND RESILIENCE BY ENGAGING A		
	DIVERSE SET OF STAKEHOLDERS.		
2	Did the organization undertake any significant program services during the year which were not listed of	on the	
	prior Form 990 or 990-EZ?		XN
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes	XN
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	s to others, the total expenses, a	nd
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,449,582. including grants of \$ 1,487.) (Revenue \$ 1,293,	111
4a	(Code:) (Expenses \$4,449,582. including grants of \$1,487. OUR PROGRAMS HELP INDIVIDUALS AND COMMUNITIES EXPLOR		441.
	LIVING AND WORKING THAT ARE MORE ADAPTIVE TO A CHANG		0
	THIS THROUGH A NUMBER OF EDUCATION AND OUTREACH PROC		
	PROGRAMS ARE: OUR K-12 EDUCATION PROGRAM; HERE COMES		
	GREEN WORKFORCE TRAINING PROGRAM; ENERGY CONNECTIONS		
	MANAGEMENT OF STUYVESANT COVE PARK ON THE EAST RIVER	R AT 23RD STREET	IN
	MANHATTAN.		
			3 7 7 77
	EDUCATION: THROUGH OUR K-12 GREEN DESIGN LAB EDUCATION REACHED STUDENTS AND TEACHERS IN OVER 1,000 SCHOOLS.		
	PROGRAM PROVIDES CLASSROOM DELIVERY, FIELD TRIPS, PR		TON
	DEVELOPMENT FOR TEACHERS, AND ENVIRONMENTAL STEM CUR		н
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
44	Other program services (Describe on Schodulo O)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses > 4,449,582.	1	
			90 (202
32002	SEE SCHEDULE O FOR CONTINUAT	ION(S)	
	2 16 756359 1371895.004 2021.05000 CEC STUYV		1
1 1	LIN INNING LITING UNITED SUCCESSION CONTRACT	ESANT COVE INC.	1371

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 Form 990 (2021)
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 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_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		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			77
	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	
L	Part VI	11a	~	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	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? If "Yes," complete Schedule D, Part VIII 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			- 23
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
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	u		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		L
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		Х
132003	12-09-21	Form	990	(2021)

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132003 12-09-21

Form	990	(2021)
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			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
-	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 13		163	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1 3 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
13200	(ganbing) withings to prize withers:		990	(2021)
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Form	990 (2021) CEC STUYVESANT COVE, INC. 52-2440	116	Р	age 5
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 51			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
132005	12-09-21 5	Form	990	(2021)

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Form 990	(2021)
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CEC STUYVESANT COVE, INC.

52-2440116 Page 6

Form 990		52-2440110	Page 0
Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through	7b below, and for a "No" res	sponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See in		
	Check if Schedule O contains a response or note to any line in this Part VI		Χ

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

				Yes	INC
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	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	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
-	officer, director, trustee, or key employee?		2		х
3	Did the organization delegate control over management duties customarily performed by or under the				
3					х
	of officers, directors, trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				
5	Did the organization become aware during the year of a significant diversion of the organization's ass				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				
	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	ockholders, or			
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				
	The governing body?		8a	Х	
	Each committee with authority to act on behalf of the governing body?			X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				v
200	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
10a	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	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	? 11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $f = \gamma$				
C		,	12c	х	
40	on Schedule O how this was done			X	
13	Did the organization have a written whistleblower policy?			X	
14	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	l by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		<u>15a</u>	Х	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	taxable entity during the year?		. 16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b		
Sect	tion C. Disclosure		100		
	List the states with which a copy of this Form 990 is required to be filed NY , NJ) (a)		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-1 (section 501(c)(3)s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy	, and finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records			
	NANCY WEBER - 212-505-6050				
		.101			

Form 990 (2021)	CEC STUYVESANT	COVE,	INC.	52-2440116	Page 7						
Part VII Compensati	ion of Officers, Directors	, Trustees	, Key Employees, Highest	Compensated							
Employees, and Independent Contractors											
Check if Schedule O contains a response or note to any line in this Part VII											
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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				ne	Reportable	Reportable	Estimated
	hours per	box,	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector	ecto				the	organizations	compensation	
	hours for	or di	ated or dir			organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		66	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yo lq r	st con /ee	_	1039-1120)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHRISTOPHER COLLINS	35.00		_	0	-	1 0				
EXECUTIVE OFFICER THRU DEC 2021		1		х				253,723.	0.	27,535.
(2) NOAH GINSBURG	35.00									
CO-PROGRAM DIRECTOR		1				x		111,992.	0.	33,320.
(3) SARAH PIDGEON	35.00									
CO-PROGRAM DIRECTOR						X		109,624.	Ο.	24,958.
(4) NANCY WEBER	35.00									
CHIEF OPERATING OFFICER				Х				113,432.	Ο.	9,455.
(5) SARA QUEEN	2.00									
CHAIR		Х		Х				0.	0.	0.
(6) ELLEN WITZLING ROFF	2.00									
TREASURER		Х		Х				0.	0.	0.
(7) JANE R. CROTTY	2.00									
SECRETARY		Х		Х				0.	0.	0.
(8) KARA ALLEN	2.00									
BOARD DIRECTOR		Х						0.	0.	0.
(9) KATHERINE L. BODEN	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(10) WILLIAM D. BROWNING	1.50									
BOARD DIRECTOR		Х						0.	0.	0.
(11) CHRISTOPHER CAROLAN	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(12) MAJORA CARTER	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(13) VIRGINIA DAVIES	1.50									
BOARD DIRECTOR THRU NOV 2021		Х						0.	0.	0.
(14) DONNA DE COSTANZO	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(15) ADRIANA ESPINOZA	1.00									
BOARD DIRECTOR THRU JUNE 2021		Х						0.	0.	0.
(16) BRIAN FIELDING	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
(17) JULIE GALLANTY	1.00									
BOARD DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021)

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Form 990 (2021) CEC STUYVESANT COVE, INC. 52-2440									401	16	Page 8	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(C Posi				(D)	(E)			F)
Name and title	(do not check mo			more	than c		Reportable	Reportable			nated	
	hours per week		, unles cer an					compensation	compensation			unt of
	(list any	tor						from the	from related organizations			her Insation
	hours for	direct				p		organization	(W-2/1099-MISC	:/	•	n the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			ization
	organizations	l trust	nal tru		oyee	ompe		1099-NEC)			and r	elated
	below	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organi	zations
	line)	Indi	Inst	Offi	Key	Hig emi	For			\rightarrow		
(18) PATRICIA MCKINNON GRAYSON	2.00	х						0.		0.		٥
BOARD DIRECTOR (19) STEPHAN ROUNDTREE	1.00	Δ						0.		·-+		0.
BOARD DIRECTOR	1.00	х						0.	(0.		0.
(20) THOR THORS	1.00	Λ						0.		<u>'</u> +		0.
BOARD DIRECTOR		х						0.	(0.		0.
										\rightarrow		
										\rightarrow		
										-		
										\neg		
1b Subtotal								588,771.		0.	95	<u>,268.</u>
c Total from continuation sheets to Part VI								0.		0.	0.	
d Total (add lines 1b and 1c)								588,771.		0.	95	,268.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			4
compensation from the organization												4 es No
3 Did the organization list any former officer,	director trust			mol	0.000	a or	hia	hest compensated empl		Г		
line 1a? If "Yes," complete Schedule J for si	-		•	•	-		Ŭ	• • •		- 1	3	x
4 For any individual listed on line 1a, is the su										F		
and related organizations greater than \$150										- 1	4	x
5 Did any person listed on line 1a receive or a	,									·		
rendered to the organization? If "Yes." com	•				-			•		[5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con	mpensated ind	ере	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compe	nsati	on from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	or wi	hin	the organization's tax y	ear.			
(A) Name and business	addroop							(B) Description of s	onviooo	<i>C</i> ((C) ompens	otion
ACCORD POWER INC.	auuress						_	Description of s			Inpens	
13030 31ST AVE STE 707, F	LUSHING		NY	1	13	54	ŀ	ENERGY SYSTEI	ns l		480	,358.
SOLAR LIBERTY ENERGY SYST						<u> </u>					100	,
SHERIDAN DR., SUITE 120,	-	-				21		ENERGY SYSTE	MS		378	,415.
CAMERON ENGINEERING & ASSOCIATES LLC., 177												
-						ENGINEERING			272	,848.		
GROUP-S LLC DBA EN-POWER, 50 MAIN STREET,												
SUITE 1000, WHITE PLAINS, NY 10606						ENERGY SYSTEI	MS		106	<u>,507.</u>		
2 Total number of independent contractors (ir	ncluding but pr	nt lin	nited	l to t	thos	e lie	led	above) who received mo	ore than			
\$100,000 of compensation from the organiz	•				4			e. e,e received me				
											00	0 (000 ()

132008 12-09-21

Form **990** (2021)

			C STUYVESAN	T COVE,	INC.		52-2440	116 Page 9
Pa	rt VI							
		Check if Schedule O	contains a response	or note to any lir		(B)	(0)	
					(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under
								sections 512 - 514
ts t	1 a	Federated campaigns	1a					
, Gifts, Grants iilar Amounts	b		1b					
S, G	С	Fundraising events	1c	30,757.				
Gift Iar J	d	Related organizations	1d		-			
) sr imi	е	Government grants (contr		795,265.	-			
itior er S	f	All other contributions, gifts,		005 006				
Oth		similar amounts not included		925,086.	-			
Contributions, (and Other Simil	g	Noncash contributions included in		16,468.	4 751 109			
a C	n	Total. Add lines 1a-1f		Business Code	4,751,108.			
	0.0	SERVICE FEES	TNCOME		1,293,441.	1 293 441		
Program Service Revenue	z a b			541500	1,255,441.	1,255,441.		
Ser	c							
m S	d							
ogra Re	e							
Pro	f	All other program service	revenue					
_	g				1,293,441.			
	3	Investment income (inclue						
		other similar amounts)		►	45.			45.
	4	Income from investment of	of tax-exempt bond p	roceeds				
	5	Royalties	· · · · · · · · · · · · · · · · · · ·					
			(i) Real	(ii) Personal	-			
		Gross rents	6a 4,250.		-			
		Less: rental expenses	6b 0.		-			
	C	()	6c 4,250.	L	4,250.			4,250.
		Net rental income or (loss	;) (i) Securities	(ii) Other	4,250.			4,250.
	<i>i</i> a	Gross amount from sales of assets other than inventory	7a 7,796.		-			
	h	Less: cost or other basis	<u>1a 1,150.</u>		1			
е		and sales expenses	7,500.					
venue		Gain or (loss)	7c 296.		1			
		Net gain or (loss)			296.			296.
Other Re		Gross income from fundraisi						
Oth		including \$ 30	,757. of					
		contributions reported on	line 1c). See					
		Part IV, line 18						
		Less: direct expenses		1,823.				
		Net income or (loss) from		<u>,</u>	-1,823.			-1,823.
	9 a	Gross income from gamin	-					
		Part IV, line 19			-			
		Less: direct expenses		L				
		Net income or (loss) from		P				
	iu a	Gross sales of inventory, and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from						
				Business Code				
Miscellaneous Revenue	11 a	I						
ane	b							
sells eve	с							
Aisc	d	All other revenue						
2	е	Total. Add lines 11a-11d					-	
	12	Total revenue. See instruction	ons	►	6,047,317.	µ,293,441.	0.	2,768.
13200	9 12-09	9-21						Form 990 (2021)

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	t IX Statement of Functional Expense on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must com	polete column (A)	
ecu	Check if Schedule O contains a respons			ipiele column (A).	X
	not include amounts reported on lines 6b, Bb, 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	1,487.	1,487.		
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	404,145.	163,268.	201,501.	39,376
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	2,424,976.	2,071,492.	178,806.	174,678
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	275,264.	240,438.	27,156.	7,670
0	Payroll taxes	253,460.	195,136.	41,129.	<u>7,670</u> 17,195
1	Fees for services (nonemployees):				
а	Management				
b	Legal	722.		722.	
	Accounting	23,000.		23,000.	
	Lobbying			,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	1,796,644.	1,617,199.	115,045.	64,400
2	Advertising and promotion	1,601.	1,344.	257.	•
3	Office expenses	20,778.	3,628.	14,605.	2,545
4	Information technology	38,189.	13,451.	21,461.	3,277
5	Royalties				
6	Occupancy	61,682.	53,431.	8,251.	
7	Travel	21,707.	10,269.	10,784.	654
8	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	196.	196.		
0	Interest	1,458.		1,458.	
1	Payments to affiliates	,		,	
2	Depreciation, depletion, and amortization				
23	Insurance	43,462.	8,702.	34,760.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)			• • •	
а	BAD DEBT	66,000.		66,000.	
b	PROGRAM SUPPLIES	60,257.	60,048.		209
c	EQUIPMENT RENTAL	13,271.	8,711.	4,560.	
d	STAFF DEVELOPMENT	5,233.	782.	1,749.	2,702
	All other expenses	-,		,	_,
5	Total functional expenses. Add lines 1 through 24e	5,513,532.	4,449,582.	751,244.	312,706
6	Joint costs. Complete this line only if the organization	, ,	, ,,	,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

132010 12-09-21

Check here

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educational campaign and fundraising solicitation.

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

Form 990 (2021)

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Form **990** (2021)

CEC	STUYVESANT	COVE,	INC.
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		Check if Schedule O contains a response or note	e to any lii	ne in this Part X				
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				515,688.	1	1,196,848.
	2	Savings and temporary cash investments				615,563.	2	499,600.
	3	Pledges and grants receivable, net	415,550.	3	1,211,510.			
	4	Accounts receivable, net		477,028.	4	318,705.		
	5	Loans and other receivables from any current or						
		trustee, key employee, creator or founder, substa	antial con	tributor, or 35%				
		controlled entity or family member of any of these	e persons	s			5	
	6	Loans and other receivables from other disqualif	ied persor	ns (as defined				
		under section 4958(f)(1)), and persons described					6	
ets	7	Notes and loans receivable, net				66,000.	7	0.
Assets	8	Inventories for sale or use					8	
A	9	Prepaid expenses and deferred charges				5,751.	9	5,925.
	10a	Land, buildings, and equipment: cost or other		4 664 6				
		basis. Complete Part VI of Schedule D		1,551,7	0.			
		Less: accumulated depreciation	1,551,779.	10c	1,551,779.			
	11	Investments - publicly traded securities					11	
	12	Investments - other securities. See Part IV, line 1			r		12	
	13	Investments - program-related. See Part IV, line 1					13	
	14	Intangible assets				2,575.	14	5,312.
	15	Other assets. See Part IV, line 11				3,649,934.	15 16	4,789,679.
	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses				361,956.	17	1,032,655.
	18	Grants payable and accrued expenses				501,5500	18	<u> </u>
	19	Deferred revenue	5,600.	19	453,963.			
	20	Tax-exempt bond liabilities	.,	20				
	21	Escrow or custodial account liability. Complete F					21	
6	22	Loans and other payables to any current or form						
Liabilities		trustee, key employee, creator or founder, substa						
ilide		controlled entity or family member of any of thes					22	
Li	23	Secured mortgages and notes payable to unrelate					23	
	24	Unsecured notes and loans payable to unrelated			[24	
	25	Other liabilities (including federal income tax, pay	ables to r	related third				
		parties, and other liabilities not included on lines	17-24). C	omplete Part X				
		of Schedule D				513,102.	25	0.
	26					880,658.	26	1,486,618.
6		Organizations that follow FASB ASC 958, check	ck here					
ces		and complete lines 27, 28, 32, and 33.				1 0 4 5 0 4 6		0 606 650
alan	27					1,845,046.	27	2,626,659.
l Ba	28	Net assets with donor restrictions				924,230.	28	676,402.
oun		Organizations that do not follow FASB ASC 95	58, check	here 🕨 🔄				
ΥF		and complete lines 29 through 33.						
ets e	29	Capital stock or trust principal, or current funds					29	
SSe	30	Paid-in or capital surplus, or land, building, or eq			[30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			r	2,769,276.	31	3,303,061.
ž	32	Total net assets or fund balances				3,649,934.	32	4,789,679.
	33	Total liabilities and net assets/fund balances				J,04J,JJ4.	33	Earm 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Form	1990 (2021) 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	6,047	', 31	<u>17.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,513	, 5	32.
3	Revenue less expenses. Subtract line 2 from line 1	3	533	3,78	85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,769),2'	76.
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	3,303	,00	61.
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	e 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t		
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t 📔		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	<u> </u>

Form **990** (2021)

132012 12-09-21

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
2021
Open to Public Inspection

Name of the organization

Name o	lame of the organization Employer identification number									
	CEC	STUYVESANT	COVE, INC.				5	2-2440116		
Part	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The org	anization is not a private found	lation because it is: (I	For lines 1 through 12, c	heck only o	one box.)					
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7 X	An organization that norma	ally receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general l	public described in		
_	_ section 170(b)(1)(A)(vi). (C	complete Part II.)								
8 _	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research or	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-	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or		
. –	university:									
10 🗌	An organization that norma									
	activities related to its exen							•		
	income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.		
	See section 509(a)(2). (Co	-				O(-)(4)				
11 L 12 L	An organization organized a	-	•	•			rn, out tho	purpassa of ana ar		
	more publicly supported or	-	-	-			•			
	lines 12a through 12d that	-								
a [Type I. A supporting orga	• •					-	aivina		
	the supported organization	-	-	•	-					
	organization. You must o			, ,				11 5		
ь [Type II. A supporting org	-		ion with its	s supporte	ed organizatio	n(s), by hav	/ing		
	control or management of	-				-		-		
	organization(s). You mus	st complete Part IV,	Sections A and C.							
c [Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,		
	its supported organizatio	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.				
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)		
	that is not functionally inf	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness		
_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .				
e	Check this box if the orga					Туре I, Туре	II, Type III			
	functionally integrated, o		nally integrated supportion	ng organiz	ation.			[]		
	nter the number of supported of	•								
<u>g</u> P	rovide the following information (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization		inization listed	(v) Amount of	monetary	(vi) Amount of other		
	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir		support (see instructions)		
			above (see instructions))	163						
<u> </u>										
Total										

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	2761324.	1777676.	3281079.	2387589.	4751108.	14958776.
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	0001004	1000000	2001000	00000000		1 4050000
	Total. Add lines 1 through 3	2761324.	1777676.	3281079.	2387589.	4751108.	14958776.
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,						0005004
	column (f)						2995384.
6	Public support. Subtract line 5 from line 4.						11963392.
		() 00/7	(1) 00 / 0	() 00/0	(1) 0000	()	(0
	ndar year (or fiscal year beginning in)	(a) 2017 2761324.	(b)2018 1777676.	(c)2019 3281079.	(d) 2020 2387589.	(e) 2021	(f) Total 14958776.
	Amounts from line 4	2701324.	1///0/0.	52010/9.	2307509.	4/51100.	14950770.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	21 006	10 556	2 405		4 205	20 500
_	and income from similar sources	21,096.	10,556.	3,485.	77.	4,295.	39,509.
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	4 5 6 2	0 045	9,369.	2 0 2 4		26 101
	assets (Explain in Part VI.)	4,563.	9,245.	9,309.	2,924.		<u>26,101.</u> 15024386.
	Total support. Add lines 7 through 10		<u>`````````````````````````````````````</u>				<u>,171,948.</u>
	,	•	,				,1/1,940.
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stor ction C. Computation of Publi		centage				
	Public support percentage for 2021 (I			column (f))		14	79.63 %
	Public support percentage from 2020					15	78.44 %
	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o		-				······································
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
h	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio				• •		
			,	. , ,			(Form 990) 2021

132022 01-04-22

Com	plete	0

 Schedule A (Form 990) 2021
 CEC STUYVESANT COVE, INC.

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

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

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
4	iness under section 513 Tax revenues levied for the organ- ization's benefit and either paid to						
5	or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
L	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						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th	Le organization's fi	ret econd third	fourth or fifth toxy	 wear as a spotion F		l
14	check this box and stop here	-			•		
Se	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for 20 Investment income percentage from			ne 13, column (f))		17 18	%
	a 33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	
1320	23 01-04-22		15			Schedule	A (Form 990) 2021

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

Section A. All Supporting Organizations

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

16

132024 01-04-21

dule A	(Form 990)) 2021	CEC	STUYVESANT	COVE,	INC.	
t IV	Suppor	ting O	rganizations	(continued)			

2

Ра	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
с	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		<i>in</i> Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	more direct <i>effect</i>	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, sors, 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>ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	suppo	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in 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	

Scheo

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

110 301		///Zatio////3/.	
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 Integral Part Test during the year (s	C	on used to satisfy the Integral Part Test during the year (see instruction	ns).
--	---	--	------

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

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

- 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. 132025 01-04-22

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2021

09351116 756359 1371895.004

17

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting org	anization (see
•	instructions).	any meograeo	a type in capperting erg	

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.

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

09351116 756359 1371895.004

Schedule A (Form 990) 2021

1

I

09351116 756359 1371895.004

Schedule A (Form 990) 2021

4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ection E - Distribution Allocations (see instructions) (ii) (ii) Underdistributions Pre-2021				(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

CEC STUYVESANT COVE, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

52-2440116 Page 7

1

2

3

Current Year

Schedule A	(Form	990) 202

Section D - Distributions

2

3

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:

OTHER INCOME				
2017 AMOUNT: \$ 4,563.				
2018 AMOUNT: \$ 7,167.				
2019 AMOUNT: \$ 9,369.				
2020 AMOUNT: \$ 2,924.				
REIMBURSEMENT				
2018 AMOUNT: \$ 2,078.			 	
132028 01-04-22	20)	Schedule A (Fo	orm 990) 202 ⁻

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

2021

Employer identification number

(CEC STUYVESANT COVE, INC.	52-2440116
Organization type (chec	k 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 \dots \blacktriangleright \$

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) (2021)

Name of organization

Page 2 Employer identification number

52-2440116

CEC STUYVESANT COVE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional effects of the second secon	nal space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u> 1</u>		\$ <u>1,149,823.</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				
2		\$899,719.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$518,205.	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				
4		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$372,703.	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		\$36,631.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)				

Schedule B (Form 990) (2021)

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) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 150,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 148,403. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 118,972. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll Noncash 100,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

23

09351116 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.

art II	Noncash Property (see instructions). Use duplicate copies of Part I	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		 \$	

24

123453 11-11-21

Schedule B (Form 990) (2021)

Schedule E	B (Form 990) (2021)				Page 4	
Name of or	rganization				Employer identification number	
CEC ST	TUYVESANT COVE, INC.				52-2440116	
Part III	Exclusively religious, charitable, etc., contributi				nat total more than \$1,000 for the year	
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	charitable, etc., contributions of \$1	,000 or less for th	ganizations ne year. (Enter this info. onc	e.) ► \$	
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held	
-		(e) Transfe	r of gift			
			_			
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of tra	nsferor to transferee	
(a) No. from				(.) -		
Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held	
-						
		(e) Transfe	r of gift			
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held	
1 41 11						
		(e) Transfe	r of gift			
	Transferee's name, address, ar	lationship of tra	nsferor to transferee			
ŀ			n			
(a) No. from	(b) Purpose of gift	(c) Use of gi	ft	(d) Desc	ription of how gift is held	
Part I		(0) 000 01 gi		(4) 2000		
-		(e) Transfe	r of gift			
ŀ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			

Schedule B (Form 990) (2021)

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SCHEDULE D

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

	CEC STUYVESANT COVE, INC.	52-2440116					
Pa		imilar Funds or <i>I</i>	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line 6.						
	(a) Donor advise	ed funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets he	eld in donor advised fu	unds				
	are the organization's property, subject to the organization's exclusive legal control?		Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra	ant funds can be usec	d only				
	for charitable purposes and not for the benefit of the donor or donor advisor, or for an	ny other purpose confe	erring				
	impermissible private benefit?						
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990, Part	IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check all that apply).	_					
	Preservation of land for public use (for example, recreation or education)	Preservation of a hi	storically important land area				
	Protection of natural habitat	Preservation of a ce	ertified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contrib	ution in the form of a d					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements						
С	Number of conservation easements on a certified historic structure included in (a)		2c				
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on						
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, released, extinguished, or t	terminated by the orga	anization during the tax				
	year ►						
4	Number of states where property subject to conservation easement is located \blacktriangleright						
5	Does the organization have a written policy regarding the periodic monitoring, inspec	tion, handling of					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, an	nd enforcing conserva	tion easements during the year				
	▶						
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and en	forcing conservation e	easements during the year				
	► \$						
8	Does each conservation easement reported on line 2(d) above satisfy the requirement						
-	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation easements in its rever						
	balance sheet, and include, if applicable, the text of the footnote to the organization's	s financial statements	that describes the				
Pa	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, Historical Tre	asures, or Other	Similar Assets				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.						
19	If the organization elected, as permitted under FASB ASC 958, not to report in its rev		alance sheet works				
Ia	of art, historical treasures, or other similar assets held for public exhibition, education						
	service, provide in Part XIII the text of the footnote to its financial statements that des						
b			nce sheet works of				
D.	art, historical treasures, or other similar assets held for public exhibition, education, o						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		► \$				
	(ii) Assets included in Form 990, Part X		N N				
2	If the organization received or held works of art, historical treasures, or other similar a						
<u> </u>	the following amounts required to be reported under FASB ASC 958 relating to these	-	.,				
а	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
-							

LHA	For Paperwork Reduction A	ct Notice, s	see the l	Instructions f	or Form	990
132051	10-28-21					

Sche	dule D (Form 990) 2021 CEC STU	YVESANT CO	VE, I	NC.				52-24	4011	6 р	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or Ot	her S	imila	r Assets	(contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that mal	ke signi	ificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 L	_oan or exc	hange program						
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organization's e	exempt	purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or other sin	nilar as	sets		_		_
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 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	b If "Yes," explain the arrangement in Part XIII and complete the following table:										
									Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						<u>1e</u>				
f	Ending balance						1f		7		
	Did the organization include an amount on F					-		L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete						Three	aara baali	(a) [au		haali
		(a) Current year	(D) Pi	rior year	(c) Two years ba	JK (Q)	Three	/ears back	(e) rou	years	DACK
1a	Beginning of year balance										
a	Contributions										
C d	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance	L	 								
2	Provide the estimated percentage of the curr Board designated or quasi-endowment			, column (a)	i) neio as.						
a h	Permanent endowment	%	_%								
b		⁷⁰									
С	The percentages on lines 2a, 2b, and 2c sho	-									
30	Are there endowment funds not in the posse		ation that	are held ar	nd administered fo	or the c	ragniz	ation			
ou	by:			are neid a			nganiza		1	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								_ 0.2		
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990, Par	t X, line	e 10.				
	Description of property	(a) Cost or c				, c) Acci		ed	(d) Boo	k valu	e
		basis (investr		• •	(other)	,	ciation		,, 200		-
1a	Land	· · · · ·									
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			1,55	1,779.				1,55	1,7	79.
	. Add lines 1a through 1e. (Column (d) must e		X colum						1,55		
		gear onn ooo, i art			** <i>i</i> /			F I	D (Farm		

Schedule D (Form 990) 2021

132052 10-28-21

Complete if the organization answered "Ye (a) Description of security or category (including name of securit	y) (b) Book value	(c) Method of valuation: Cost or end-of-year market valu
Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C) (D)		
(D)		
(E)		
(F)		
(G)		
(H)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
art VIII Investments - Program Related.		
Complete if the organization answered "Ye		-
(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)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		11d. See Form 990, Part X, line 15.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Ye		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Ye	es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Ye	es" on Form 990, Part IV, line	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Ye (1) (2)	es" on Form 990, Part IV, line	
 (al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) 	es" on Form 990, Part IV, line	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Ye (1) (2) (3) (4)	es" on Form 990, Part IV, line	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Ye (1) (2) (3) (4) (5)	es" on Form 990, Part IV, line	
 (at. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (art IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) 	es" on Form 990, Part IV, line	
(art IX) Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7)	es" on Form 990, Part IV, line	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8)	es" on Form 990, Part IV, line	
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9)	es" on Form 990, Part IV, line (a) Description	(b) Book valu
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B)	es" on Form 990, Part IV, line (a) Description	(b) Book valu
art IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities.	es" on Form 990, Part IV, line (a) Description	(b) Book valu
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities. Complete if the organization answered "Yee	es" on Form 990, Part IV, line (a) Description	(b) Book valu
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities. Complete if the organization answered "Yee (a) Description of liability	es" on Form 990, Part IV, line (a) Description	(b) Book valu
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities. Complete if the organization answered "Yee	es" on Form 990, Part IV, line (a) Description	(b) Book valu
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities. Complete if the organization answered "Yee (a) Description of liability	es" on Form 990, Part IV, line (a) Description	(b) Book valu
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities. Complete if the organization answered "Yee (a) Description of liability (1) Federal income taxes	es" on Form 990, Part IV, line (a) Description	(b) Book valu
ial. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) iart IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) iart X Other Liabilities. Complete if the organization answered "Yee (1) (2) (3) (1) (4) (2) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) iart X Other Liabilities. Complete if the organization answered "Yee (1) Federal income taxes (2) (2)	es" on Form 990, Part IV, line (a) Description	(b) Book valu
ial. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) iart IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9) (8) tal. (Column (b) must equal Form 990, Part X, col. (B) ital. (Column (b) must equal Form 990, Part X, col. (B) ital. (Column (b) must equal Form 990, Part X, col. (B) (1) (1) (2) (3) (1) (2) (3) (3)	es" on Form 990, Part IV, line (a) Description	(b) Book valu
at. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities. Complete if the organization answered "Yee (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	es" on Form 990, Part IV, line (a) Description	(b) Book valu
ial. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) iart IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9) tat. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9) tat. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Yee (1) Federal income taxes (2) (3) (4) (5) (6)	es" on Form 990, Part IV, line (a) Description	(b) Book valu
ial. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) iart IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yee (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities. Complete if the organization answered "Yee (1) Federal income taxes (2) (3) (4) (5) (6) (7)	es" on Form 990, Part IV, line (a) Description	(b) Book valu
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yee (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) art X Other Liabilities. Complete if the organization answered "Yee (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	es" on Form 990, Part IV, line (a) Description	(b) Book valu

Part VII Investments - Other Securities.

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 🚺

132053 10-28-21

09351116 756359 1371895.004

52-2440116 Page 3

Sche	dule D (Form 990) 2021 CEC STUYVESANT COVE, INC.			52-	2440116 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,574,987.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b	530,950.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,823.		
е	Add lines 2a through 2d			2e	532,773. 6,042,214.
3	Subtract line 2e from line 1			3	6,042,214.
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	5,103.		
с	Add lines 4a and 4b			4c	5,103.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,047,317.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per l	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	6,041,202.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	530,950.	_	
b	Prior year adjustments	2 b		_	
с	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d	1,823.		
е	Add lines 2a through 2d			2e	532,773.
3	Subtract line 2e from line 1			3	5,508,429.
4	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			
b	Other (Describe in Part XIII.)	4b	5,103.		
с	Add lines 4a and 4b			4c	5,103.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	5,513,532.
Pa	t XIII Supplemental Information.				
D	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV lines 1h	and 2b: Part V line	1. Dart	X line 2: Part XI

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X 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

29

PERIODS PRIOR TO 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EVENT EXPENSES REPORTED ON PART VIII, LINE 8B

|--|

132054 10-28-21

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 CEC STUYVESANT COVE, INC. Part XIII Supplemental Information (continued)	52-2440116 Page 5
	E 102
OTHER CONTRIBUTIONS REPORTED ON PART VIII, LINE 1	5,103.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
EVENT EXPENSES REPORTED ON PART VIII, LINE 8B	1,823.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
OTHER CONTRIBUTIONS REPORTED ON PART VIII, LINE 1	5,103.
132055 10-28-21	Schedule D (Form 990) 202

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							ities	OMB No. 1545-0047
(Form 990)	Complete if the	or if the	2021					
Department of the Treasury			Open to Public					
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Employer id	Inspection entification number
		YVESANT COVE, INC.					52-2440	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not
	e organization rais	ed funds through any of the followin			Check all that apply. overnment grants			
	email solicitations			-	nment grants			
c Phone solici	licitations	g [] Special		Ū				
		or oral agreement with any individual art VII) or entity in connection with p				tees,	or Ye	s 🗌 No
	highest paid indiv	viduals or entities (fundraisers) pursu			•	ne fur	ndraiser is to b	e
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
				►				
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	egistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form S	990 or	990-E	Z.		Schedul	e G (Form 990) 2021

CEC STUYVESANT COVE, INC.

52-2440116 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total avanta
			васк то		NONE	(d) Total events
			SCHOOL SHOWC			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ē			(event type)	(event type)	(lotal humber)	
ent						
Revenue	1	Gross receipts	30,757.			30,757.
ш						
	2	Less: Contributions	30,757.			30,757.
	3	Gross income (line 1 minus line 2)				
		· · · · · · · · · · · · · · · · · · ·				
	4	Cash prizes				
	•					
	5	Noncash prizos				
S	5	Noncash prizes				
se						
per	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
Dic						
	8	Entertainment				
	9	Other direct expenses	1,823.			1,823.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			1,823.
	11	Net income summary. Subtract line 10 from li			•	-1,823.
Pa	irt I	III Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
			() 5	(b) Pull tabs/instant	() ()	(d) Total gaming (add
an			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Ве	1					
	-	Gross revenue				
		Cash avian				
es	2	Cash prizes				
Expenses						
ă	3	Noncash prizes				
ᄨ						
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
		. , , ,	()			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	•	Het garmig meente earmary: eabtraet mie r				
٩	En	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
C	лн ^з	No," explain:				
					-	
		ere any of the organization's gaming licenses re			ear?	Yes No
b	If "	Yes," explain:				
1320	32 10)-21-21			Scho	dule G (Form 990) 2021
	່				JUIE	

Sch	edule G (Form 990) 2021	CEC STUY	VESANT COVE	, INC.	52-2	2440116	Page 3
	Does the organization conduct					Yes	No
12	Is the organization a grantor, be						
	to administer charitable gaming					Yes	No
	Indicate the percentage of gami						
	The organization's facility					13a 13b	<u>%</u>
	An outside facility Enter the name and address of					130	%
17	Enter the name and address of		ales the organization	s garning/special events b			
	Name 🕨						
	Address 🕨						
15a	Does the organization have a co	ontract with a third p	arty from whom the o	ganization receives gaming	g revenue?	🗌 Yes	No No
b	If "Yes," enter the amount of ga	ming revenue receiv	ed by the organizatior	▶ \$	and the amount		
	of gaming revenue retained by t	he third party 🕨 \$					
c	If "Yes," enter name and addres	s of the third party:					
	Name						
	Address 🕨						
16	Gaming manager information:						
10	daming managor mormation.						
	Name 🕨						
	Gaming manager compensation	n ▶ \$					
	Description of services provided	i ▶					
	Director/officer	Employee	Indep	endent contractor			
17	Mandatory distributions:						
а	Is the organization required und		e charitable distribution	ns from the gaming procee	ds to	—	—
	retain the state gaming license?					Yes	└── No
b	Enter the amount of distribution	•		d to other exempt organiza	ations or spent in the		
Pa	organization's own exempt activity of the second se			ired by Part I, line 2b, colu	mns (iii) and (v) [.] and Pa	rt III lines 9 9	9b 10b
				information. See instruction		, in 100 0, i	55, 165,
			,				
13200	33 10-21-21				School	lule G (Form	990) 2021
.0200			33		Coned		

G (Form 990)
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Part IV	Supplemental Information	(continued)		
				Schedule G (Form 990)
132084 11-18-	21		34	
			J I	

sc	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	91	
		Compensated Employees		ZU	2021	
Dopo	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organizatio			identificatio		mber
		CEC STUYVESANT COVE, INC.	52-2	244011	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for con					
		cation and gross-up payments				
	Discretionary	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				
•				1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
2	Indianta which if a	ny of the following the exercition used to establish the companyation of the exercitedian's				
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 organizati- ation of the CEO/Executive Director, but explain in Part III.	JILO			
	X Compensatio					
		compensation consultant X Compensation survey or study				
	X Form 990 of c		ommittoo			
			Ommittee			
4	During the year di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
		elated organization:				
а	-	ce payment or change-of-control payment?		4a		X
b		ceive payment from a supplemental nonqualified retirement plan?				x
		ceive payment from an equity-based compensation arrangement?				x
-		nes 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 compensatio	n			
	contingent on the					
а	-			5a		X
b		zation?				X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	'n			
	contingent on the	net earnings of:				
а	a The organization?					
b		ration?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1e			
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, c	lid the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)) 2021

132111 11-02-21

Schedule J (Form 990) 2021

52-2440116

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-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred	(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	e ion			reported as deferred on prior Form 990
(1) CHRISTOPHER COLLINS	(i)	253,723.	0.	0.	0.	27,535.	281,258.	0.
EXECUTIVE OFFICER THRU DEC 2021	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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) 2021

SCHEDULE O (Form 990)

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.



52-2440116

CEC STUYVESANT COVE, INC.

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,

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: THROUGH OUR HERE COMES SOLAR PROGRAM, WE FACILITATE SOLAR PROJECTS IN UNDERSERVED MARKETS. KEY FOCUS AREAS INCLUDE: AFFORDABLE HOUSING, COMMUNITY SOLAR FOR LOW-INCOME PEOPLE, CO-OPS & CONDOS, AND SOLAR PLUS BACKUP BATTERY STORAGE FOR COMMUNITY CENTERS IN SUPERSTORM SANDY AFFECTED AREAS.

GREEN WORKFORCE TRAINING: THROUGH OUR GREEN WORKFORCE TRAINING PROGRAM WE PROVIDE ENTRY LEVEL TRAINING FOR INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS FOR CAREER PATHWAYS IN GREEN BUILDING OPERATIONS AND MAINTENANCE, GREEN CONSTRUCTION, AND SOLAR PANEL INSTALLATION. WE ALSO PROVIDE TRAINING FOR BUILDING MAINTENANCE STAFF IN GREEN BUILDING OPERATIONS AND MAINTENANCE.

 ENERGY CONNECTIONS: THROUGH OUR ENERGY CONNECTIONS PROGRAM, WE PROVIDE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

Name of the organization

CEC STUYVESANT COVE, INC.

Employer identification number 52 - 2440116

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 OPEN SPACE THAT HAS EVOLVED INTO A PRODUCTIVE MANAGED WILDLIFE HABITAT, WHILE SERVING AS A SUCCESSFUL EXAMPLE OF AN ENGINEERED WILDERNESS GROWN ON A FORMER INDUSTRIAL SITE, WE TAUGHT THE PUBLIC ABOUT INTERDEPENDENCIES OF NATIVE PLANTS, WILDLIFE, AND PEOPLE, AND THE POTENTIAL FOR URBAN ECOLOGICAL RESTORATION AND RENEWAL. IN 2021, TENS OF THOUSANDS OF VISITORS CAME THROUGH THE PARK FOR PASSIVE OR ACTIVE RECREATION AS COVID-19 MADE OPEN PUBLIC SPACE AN EVEN MORE CRUCIAL AMENITY. THE SOLAR ONE ENVIRONMENTAL EDUCATION CENTER (S1EEC) WILL BE CONSTRUCTED IN STUYVESANT COVE PARK. AS CURRENTLY PLANNED, IT WILL BE A FULLY RESILIENT BUILDING WITH PHOTOVOLTAIC SOLAR AND BATTERY STORAGE ENABLING IT TO PROVIDE POWER DURING THE NEXT BLACKOUT. LOCATED ADJACENT TO THE EAST RIVER, IT WILL HAVE 2 CLASSROOMS, A LECTURE HALL, OFFICES AND STORAGE AND BE ELEVATED 10-12 FEET TO MAKE IT RESILIENT IN THE FACE OF FUTURE FLOODING.

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, EXECUTIVE DIRECTOR, 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

 132212 11-11-21
 Schedule O (Form 990) 2021

 39
 39

 09351116 756359 1371895.004
 2021.05000 CEC STUYVESANT COVE, INC. 13718951

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
CEC STUYVESANT COVE, INC.	52-2440116
MEMBERS, OFFICERS, AND KEY EMPLOYEES. ON A YEARLY BASIS, E	ACH INDIVIDUAL IS
REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST STATE	MENT, DISCLOSING
ANY INTERESTS THAT MAY LEAD TO A CONFLICT. IF A CONFLICT O	F INTEREST
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 EXECUTIVE DIRECTOR'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 2021.

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	Α	PROFESSIONAL	EMPLOYER	ORG	SANIZAT	ION	
132212 11-11-21						Schedul	e O (Form	990) 2021
			40					
09351116 756359 13718	895.004		2021.05000 C	EC STUYVES	ANT	COVE,	INC.	13718951

Schedule O (Form 990) 2021	Page 2
Name of the organization CEC STUYVESANT COVE, INC.	Employer identification number 52-2440116
(PEO), TRINET HR CORPORATION, FOR SERVICES, INCLUDING BUT	NOT LIMITED
TO, PAYROLL, TIMEKEEPING, EMPLOYEE BENEFITS, HR ADMINISTRA	TION AND
WORKFORCE REGULATORY COMPLIANCE NEEDS. AS THE EMPLOYER OF	RECORD FOR
TAX PURPOSES, FORMS W-2 AND W-3 ARE ISSUED BY THE PEO AND	FILED UNDER
THE PEO'S FEDERAL EIN. IN THIS CO-EMPLOYMENT ARRANGEMENT,	THE
ORGANIZATION IS THE COMMON 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	17,071.
MANAGEMENT AND GENERAL EXPENSES	104,707.
FUNDRAISING EXPENSES	58,895.
TOTAL EXPENSES	180,673.
PROGRAM SUBCONTRACTORS:	
PROGRAM SERVICE EXPENSES	1,450,017.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,450,017.
PEO SERVICES FEE:	
PROGRAM SERVICE EXPENSES	61,538.
MANAGEMENT AND GENERAL EXPENSES	10,338.
FUNDRAISING EXPENSES	5,505.
TOTAL EXPENSES	77,381.

132212 11-11-21

Schedule O (Form 990) 2021	Page
Name of the organization CEC STUYVESANT COVE, INC.	Employer identification numbe
PER DIEM EDUCATORS FEE:	
PROGRAM SERVICE EXPENSES	70,413.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	70,413.
OUTSIDE TRAINING SERVICES & EXAM FEES:	
PROGRAM SERVICE EXPENSES	18,160.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,160.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,796,644.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESE	PONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SE	ELECTION OF AN
INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM	PRIOR YEAR.

132212 11-11-21