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u d	15	Sala	ries, other	er co	mpensa	ation, e	emplo	yee be	nefits	३ (Part	IX,	colu	umn (A), lin	nes 5	-10)				1,			02.		1,2	278,		
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Net Assets or	22		assets or t	•																1	573							
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Un	der per	nalties	of perjury,	, I de	clare that	t I have	e exam	ined this	s retu	rn, inc	ludin	ig ac	comp	anyin	g sch	edule	es ar	nd sta	teme	ents, a	nd to th	ne be	st of my	/ knov	vledge a	and bel	ief, it i	is
true	e, corr	ect, an	d complete.	e. De	claration	of prep	parer (other th	an off	ficer) is	s bas	sed o	on all	inform	nation	of w	/hich	n prep	arer	has ar	iy knov	vledg	le.					

Sign	Signature of officer				Date
Here	MARIANE DOYLE, EXECUTIVE I	DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature		Date	
Paid	TRAVIS W. SIMPSON				self-employed P00481332
Preparer	Firm's name HANTZMON WIEBEL L	LP			Firm's EIN 54-0618213
Use Only	Firm's address PO BOX 1408				
	CHARLOTTESVILLE,	VA 22902			Phone no. (434) 296-2156
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions.	332001 12-21-23		Form 990 (2023)

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

Form 99 (2023)

	990 (2023) CENTER FOR NONPROFIT EXCELLENCE 20-3412827 Page 2 rt III Statement of Program Service Accomplishments
1 41	
1	Briefly describe the organization's mission:
	THE CENTER FOR NONPROFIT EXCELLENCE ENVISIONS EQUITABLE, THRIVING, AND
	JUST COMMUNITIES POWERED BY HEALTHY NONPROFITS AND TO ACHIEVE THAT
	VISION, WE SERVE AS A CHAMPION, LEARNING PARTNER, AND ADVISOR TO
	VIRGINIA NONPROFITS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
0	If "Yes," describe these changes on Schedule O.
Par 1 2 3 4 4a 4b 4c	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	PARTNERSHIPS & CONSULTING:
	THE CENTER PARTICIPATES IN VARIOUS STRATEGIC PARTNERSHIPS AND
	CONSULTING ENGAGEMENTS WITH FOUNDATIONS AIMED AT STRATEGICALLY
	DELIVERING ITS CAPACITY-BUILDING PROGRAMS AND SERVICES IN SELECT
	REGIONS ACROSS VIRGINIA. THESE PARTNERSHIPS AND ENGAGEMENTS ARE
	FULLY-FUNDED BY THE INVITING RESPECTIVE PARTNER AND PROVIDE SUPPORT FOR
Par 1 2 3 4 4a 4b 4c 332002	THE CENTER'S CORE PROGRAMS AND SERVICES. THE CENTER DIRECTLY SUPPORTED
	NONPROFITS IN PARTNERSHIP LOCATIONS THROUGH REGIONALLY-RESPONSIVE
Par 1 2 3 4 4a 4b 4c 332002	WORKSHOPS, LEADERSHIP DEVELOPMENT PROGRAMS, TECHNICAL ASSISTANCE,
	RESOURCE SHARING, AND CAPACITY-BUILDING CONSULTING PROGRAMS.
	THE CENTER CONDUCTS VARIOUS WORKSHOPS, ADVANCED TRAINING, AND LONGER-TERM ACADEMY PROGRAMS. THE CENTER ALSO PROVIDES A WIDE ARRAY OF
	PUBLICATIONS, BOOKS, AND VIRTUAL RESOURCES THAT STRENGTHEN NONPROFITS
	AND THEIR BOARD, EXECUTIVE, AND STAFF LEADERSHIP. BASED ON EXTENSIVE
	RESEARCH, THE CENTER HAS DEVELOPED 7 ACTIONABLE PRINCIPLES FOR A STRONG
	SOCIAL SECTOR, A FRAMEWORK TO ENABLE THE SOCIAL SECTOR TO BE MORE
	EFFECTIVE, MAKE BETTER USE OF RESOURCES, AND INCREASE COMMUNITY IMPACT.
	THE CENTER ALSO DELIVERS VARIOUS PROGRAMS CENTERED ON REDRESSING
	INEQUITIES WITHIN THE NONPROFIT SECTOR IN SUPPORT OF EQUITABLE,
	THRIVING, AND JUST COMMUNITIES THROUGHOUT VIRGINIA.
4c	(Code:) (Expenses \$150,078. including grants of \$) (Revenue \$)
	ADVOCACY & COMMUNICATIONS:
	THE CENTER ENGAGES IN COLLECTION AND REPORTING OF NONPROFIT SECTOR DATA
	TO INCREASE UNDERSTANDING OF THE SECTOR AND ITS NEEDS. THIS WORK
	INCLUDES THE FACILITATION, CONVENING, AND COMMUNICATIONS ACTIVITIES TO
	ENHANCE THE PUBLIC UNDERSTANDING OF THE COMMONWEALTH'S NONPROFITS. THE
	CENTER ALSO CONDUCTS ADVOCACY CAMPAIGNS AND CONVENES LOCAL, STATE, AND
	NATIONAL STAKEHOLDERS IN SUPPORT OF A THRIVING AND VIBRANT SOCIAL
	SECTOR.
A -1	Other preprint convicts (Describe on Schedule O)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 69,043. including grants of \$) (Revenue \$ 88,175.)
40	
40	Total program service expenses 1,731,480. Form 990 (202:
32003	SEE SCHEDULE O FOR CONTINUATION(S)
	2
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Part IV Checklist of Required Schedules	Form 990 (2023)				EXCELLENCE
	Part IV Checklist of R	equired Sc	hedule	es	

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		x	
-	during the tax year? If "Yes," complete Schedule C, Part II	4	~	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		х
16	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
10	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,	10		- 23
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	x	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		_	<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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
332003	12-21-23	Form	990	(2023)

332003 12-21-23

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Form	990	(2023)
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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		Х
	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 noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 30			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	¥ 12-21-23	Form	990	(2023)
	4			

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Form	990 (2023) CENTER FOR NONPROFIT EXCELLENCE t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	20-3412	827	Pa	age 5
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			100	
	filed for the calendar year ending with or within the year covered by this return	2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ac	counts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			v
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		0		1
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the exception requires a payment in except of $$75$ mode partly as a contribution and partly for goods and contributions and partly for goods and contributions are according to the exception of t	visco provided to the power?	7-	х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s roquirod		- 23	
С	to file Form 8282?	siequileu	7c		х
d	If "Vec " in directs the mumber of Fermer 2000 filed during the user	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	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			
	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а			<u>13a</u>		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
b	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c	1		
			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
-	excess parachute payment(s) during the year?		15		х
	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		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
332005	12-21-23		Form	990	(2023)

332005 1	2-21-23
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Form 990	(2023)
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CENTER FOR NONPROFIT EXCELLENCE

20-3412827 Page 6

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

				Yes	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	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	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				X
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?				X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or ap		····· 🗗		<u> </u>
74	more members of the governing body?		7a		x
L	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		<u>1a</u>		
D					x
•	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	, ,		37	
	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the			
	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?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	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			Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	5			
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $f = \gamma$				
С	• • • • • • • • •	,	10-	х	
	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	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official			_	
b	Other officers or key employees of the organization		15b	Х	
	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		X
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		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $_VA$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	d 990-T (section 501	(c)(3) control	availa	blo
10				avalla	DIE
	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)				
10		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest polic	y, and finar	icial	
	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			
	THE ORGANIZATION - 434-244-3330				
	1701-A ALLIED STREET, CHARLOTTESVILLE, VA 22903			_	
					(2023

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles	ss pei	more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
<pre>(1) CRISTINE NARDI EXECUTIVE DIRECTOR (THRU 01/24)</pre>	40.00			x				135,000.	0.	21,039.
(2) CYNTHIA COLSON-DEPUTY DIRECTOR	40.00									
OF PRTNRSHPS, CONSULTING & IMPACT						X		103,596.	Ο.	13,223.
(3) MARIANE DOYLE	40.00									
EXECUTIVE DIRECTOR(EFFECTIVE 02/24)				Х				0.	0.	0.
(4) NATHAN WALTON	2.00									
CHAIR		Х		Х				0.	0.	0.
(5) WARREN BUFORD	2.00									_
SECRETARY		Х		Х				475.	0.	0.
(6) CRAIG LINDQVIST	2.00									-
TREASURER		Х		X				0.	0.	0.
(7) LEE CATLIN	1.00							c	•	•
DIRECTOR	1 00	X						6,900.	0.	0.
(8) LORELEI COSTA MORROW	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(9) SHIRLEY DAVIS-CARTER	1.00	v						0	0	0
DIRECTOR (10) KAKI DIMOCK	1.00	Х						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(11) NICOLE HAWKER	1.00	^						0.	0.	0.
FELLOW	1.00	x						0.	0.	0.
(12) CHRISTINE JACOBS	1.00	Δ							0.	
DIRECTOR	1.00	х						0.	0.	0.
(13) MARTA KEANE	1.00									
DIRECTOR		x						0.	0.	0.
(14) RAHUL KESHAP	1.00									
DIRECTOR		x						0.	Ο.	0.
(15) MARCIA MARSH	1.00									
DIRECTOR		x						0.	0.	0.
(15) INGMAR LELIVELD	1.00									
DIRECTOR		х						0.	0.	0.
(16) SARAH MULLEN	1.00									
DIRECTOR		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

Form 990 (2023)

	00 (2023) CENTER FO	OR NONPR	OF	ΊT	'E	XC	EL	LĒ	INCE	20-341	2827	Page 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)		
	(A) Name and title	(B) Average hours per week	box	not cl , unles	Pos heck i ss per	more rson i	1 than o is both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	Esti amo	(F) mated ount of ther
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	froi orgar and	ensation m the nization related izations
	JUSTIN REID	1.00										0
DIREC	JEAN RUNYON	1.00	Х				-		0.	0	•	0.
DIREC		1.00	х						0.	0	•	0.
									045 051			262
	Subtotal Fotal from continuation sheets to Part VI								245,971.		. 34	<u>,262.</u> 0.
	Fotal (add lines 1b and 1c)								245,971.			,262.
2	Fotal number of individuals (including but n compensation from the organization								eceived more than \$100,	000 of reportable		2
3 [Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on		res No
	ine 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su										3	<u> </u>
	and related organizations greater than \$150			-						-	. 4	x
5 [Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	late	ed organization or individ	dual for services		
	endered to the organization? <i>If</i> "Yes," com on B. Independent Contractors	plete Schedule	e J fo	or su	ıch ı	oers	on .			<u></u>	. 5	X
1 (Complete this table for your five highest con he organization. Report compensation for t	•	•								sation fron	1
	(A)			, iuii	ig w		51 101		(B)		(C)	
	Name and business	address	NC	ONE	2				Description of s	ervices	Compens	ation
								_				
	Fotal number of independent contractors (in	•	ot lin	nitec	d to t			ted	above) who received mo	ore than		
	\$100,000 of compensation from the organiz	zation				(J				Form 9	90 (2023)

332008 12-21-23

		(2023) CENTER FOR NO.	NPROFIT	EXCELLENCE		20-3412	827 Page 9
Pa	rt VI	I Statement of Revenue					
		Check if Schedule O contains a response	or note to any lir	1 (4)	(=)	(2)	
				(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue	function revenue	business revenue	from tax under
							sections 512 - 514
S S	1 a	Federated campaigns 1a					
ani	k						
ъ б	Ċ		57,130.	1			
fts, r A			. ,	1			
, Gi		Government grants (contributions)	7,500.	-			
Sins		3 () 1	1,500.	-			
erio	Т	All other contributions, gifts, grants, and	405 010				
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f 2,	405,910. 35,527.	-			
ont	ç						
<u>a</u>	ľ	Total. Add lines 1a-1f		2,470,540.			
			Business Code	00.185	00.175		
e	2 8		541610	88,175.	88,175.		
e vi	k		541610	44,289.	44,289.		
Senu	c	RESOURCE CENTER	611430	6,712.	6,712.		
am eve	c	l					
Program Service Revenue	e	·					
P	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		139,176.			
	3	Investment income (including dividends, intere					
		other similar amounts)		15,837.			15,837.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
	-	(i) Real	(ii) Personal				
	6 a	Gross rents 6a		1			
	k			1			
		Rental income or (loss) 6c		1			
		Gross amount from sales of (i) Securities	(ii) Other				
	1 6	05 505		-			
				-			
0	Ľ	and sales expenses 7b 35 , 527 .					
evenue				-			
eve				0.			
r Ŗ		I Net gain or (loss)		0.			
Other R	8 8	Gross income from fundraising events (not					
ò		including \$ 57,130. of					
		contributions reported on line 1c). See	1 0 5 0				
		Part IV, line 18 8a		-			
	k	Less: direct expenses8b	83,323.				01 202
	C			-81,373.			-81,373.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a		-			
		Less: direct expenses9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	1				
	k	Less: cost of goods sold10b					
	c	Net income or (loss) from sales of inventory					
6			Business Code				
ŝno	11 a	L					
cellaneo 3evenue	k						
ellé eve							
Miscellaneous Revenue		All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,544,180.	139,176.	0.	-65,536.
33200	9 12-2			-	-		Form 990 (2023)

332009 12-21-23

CENTER FOR NONPROFIT EXCELLENCE Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response		this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	300.	300.		
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,	271,144.	156,269.	64,188.	50,687.
c	trustees, and key employees	2/1,144.	130,209.	04,100.	50,007.
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	797,774.	499,982.	256,900.	40,892.
8	Pension plan accruals and contributions (include	1911111	400,002.	230,500.	40,0020
0	section 401(k) and 403(b) employer contributions)	31,828.	19,427.	9,649.	2.752.
9	Other employee benefits	100,384.	61,272.	30,432.	2,752. 8,680.
10	Payroll taxes	77,303.	47,184.	23,435.	6,684.
11	Fees for services (nonemployees):	,			.,
 а	Management				
b	Legal	800.		800.	
	Accounting	12,500.		12,500.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	58,874.			58,874.
f	Investment management fees	-			
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	403,174.	339,085.	64,089.	
12	Advertising and promotion				
13	Office expenses	16,091.	4,576.	10,715.	800.
14	Information technology	78,799.	5,652.	71,632.	1,515.
15	Royalties				
16	Occupancy	61,355.	38,819.	19,309.	3,227.
17	Travel	53,997.	44,394.	8,648.	955.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	400 407	400 407		
19	Conferences, conventions, and meetings	493,407.	493,407.		
20	Interest				
21	Payments to affiliates	15 000		15 000	
22	Depreciation, depletion, and amortization	<u>15,000.</u> 4,520.		15,000.	
23		4,520.		4,520.	
24	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.)	00.515			
а	STAFF DEVELOPMENT	23,616.	977.	22,639.	F 452
b	OTHER EXPENSES	18,275.	10,275.	2,944.	5,056.
С	FOOD	14,525.	9,611.	4,336.	578.
d	BAD DEBTS EXPENSE	1,033.	250.	783.	
	All other expenses	2 524 600	1 721 400		100 700
25	Total functional expenses. Add lines 1 through 24e	2,534,699.	1,731,480.	622,519.	180,700.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

332010 12-21-23

Form 990 (2023)
Part X Balance Sheet

CENTER FOR NONPROFIT EXCELLENCE

20-3412827 Page 11

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			370,975.	1	675,578.
	2	Savings and temporary cash investments			401,411.	2	410,704.
	3	Pledges and grants receivable, net			575,534.	3	337,395.
	4	Accounts receivable, net			833.	4	5,683.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				4,364.	9	4,487.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	119,973.			
	b	Less: accumulated depreciation		33,720.	101,253.	10c	86,253.
	11	Investments - publicly traded securities	· · · · ·			11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			366,176.	15	270,029.
	16	Total assets. Add lines 1 through 15 (must equa			1,820,546.	16	1,790,129.
	17	Accounts payable and accrued expenses			46,105.	17	50,245.
	18	Grants payable				18	
	19	Deferred revenue			39,459.	19	41,197.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
abil		controlled entity or family member of any of thes	e perso	ns		22	
Ľ	23	Secured mortgages and notes payable to unrela	ted thire	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
	25	Other liabilities (including federal income tax, page	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			161,115.	25	111,496.
	26	Total liabilities. Add lines 17 through 25			246,679.	26	202,938.
		Organizations that follow FASB ASC 958, che	ck here	X			
sec		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			807,065.	27	699,011.
Ba	28	Net assets with donor restrictions			766,802.	28	888,180.
nd		Organizations that do not follow FASB ASC 9	58, che	ck here			
۲ ۲		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come, o	r other funds		31	
Net	32	Total net assets or fund balances			1,573,867.	32	1,587,191.
	33	Total liabilities and net assets/fund balances			1,820,546.	33	1,790,129. Form 990 (2023)

Form 990 (2023)

	990 (2023) CENTER FOR NONPROFIT EXCELLENCE	20-34	12827	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	2,54		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,53		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,57		
5	Net unrealized gains (losses) on investments	5		3,8	<u>43.</u>
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	1,58	7,1	<u>91.</u>
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	0.			
2a			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?		2 b	X	
	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	X	
	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	
					$(\cap \cap \cap \cap)$

Form **990** (2023)

332012 12-21-23

SCHEDULE A	١
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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
2023
Open to Public Inspection

Name of t	the organization							identification number
			PROFIT EXCELI					0-3412827
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	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 sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	-					e general p	oublic described in
	section 170(b)(1)(A)(vi). (C			0			0 1	
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org				ed in coniu	unction with a	land-orant	college
	or university or a non-land-g				-		-	-
	university:	,			·····, ···,	,		
10	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from
	activities related to its exem							
	income and unrelated busir		•				•••	•
	See section 509(a)(2). (Con							
11	An organization organized a		vely to test for public sat	fetv See	section 50)9(a)(4)		
12	An organization organized a	-	•	•			rry out the	nurnoses of one or
	more publicly supported or	-	•	-			•	
	lines 12a through 12d that	-						
a	Type I. A supporting orga	• •					-	aivina
u	the supported organization	-	-	• • • •	-			
				majonty c				ipporting
h [organization. You must o	-		ion with it	oupporte	dorgonizatio		ing
b 🗋	Type II. A supporting org	-				-		•
	control or management o			ame perso	ns that co	ntroi or manaç	je ine supp	Joned
•	organization(s). You mus	•		in connoct	ion with	and functional	ly intograta	d with
с	J Type III functionally inte		•••				ly integrate	u with,
a [its supported organization		-				tad araani-	ration(a)
d	J Type III non-functionally						-	
	that is not functionally int		• •	•		-	anallenin	reness
	requirement (see instructi	,	•				I. True e III	
e	Check this box if the orga					Type I, Type	і, туре ш	
f Fat	functionally integrated, or		nany integrated supportin	ng organiz	ation.			
	er the number of supported on vide the following informatior	•	d organization(a)					
<u> </u>	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	organization	((described on lines 1-10	in your governi	1	support (see in	-	support (see instructions)
	-		above (see instructions))	Yes	No			
Total								

Schedule A (Form 990) 2023 Part II Support Sch

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1372630.	874,774.	1701355.	1324794.	2470540.	7744093.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1372630.	874,774.	1701355.	1324794.	2470540.	7744093.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4521579.
6	Public support. Subtract line 5 from line 4.						3222514.
	tion B. Total Support						000000000
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1372630.	874,774.	1701355.	1324794.	2470540.	7744093.
	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,716.	2,305.	539.	737.	15,837.	23,134.
9	Net income from unrelated business	0,1200	2,0000		, , , , ,		
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						7767227.
	Gross receipts from related activities,		nc)			12	//0/22/•
	First 5 years. If the Form 990 is for th			iourth or fifth tax y			
10	organization, check this box and stor	-		· · ·			
Sec	tion C. Computation of Publi						
	Public support percentage for 2023 (I		-	olumn (f))		14	41.49 %
	Public support percentage from 2022		•			15	42.20 %
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						V
b	33 1/3% support test - 2022. If the c						
	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	-		• • • •			
5	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				
10		IT UIL TIOL CHECK & L		a, 100, 17a, 01 170	, oneon unio DUX al		

Schedule A (Form 990) 2023

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Schedule A (Fo	orm 990) 2023
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CENTER FOR NONPROFIT EXCELLENCE 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.)

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (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- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	. <u> </u>		1			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	anization,
	check this box and stop here	-			-		
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiz	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins		
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

16

332024 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 CENTER FOR NONPROFIT EXCELLENCE

Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above?		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.		
Sec	ion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization. 2		
Sec	ion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No " describe in Part VI how control		

or 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)

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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described 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.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the	method that the organization u	sed to satisfy the Integral Part	Test during the vear	/ (see instructions).
-----------------------------	--------------------------------	----------------------------------	----------------------	-----------------------

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

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 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.*

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

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Sched	ule A (Form 990) 2023 CENTER FOR NONPROFIT EXCI	لىلىك	ENCE 2	20-3412827 Page
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust o	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	te Sections A through E.	
Sectio	n 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		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	nstructions for short tax year or assets held for part of year):			

(B) Current Year (optional) a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 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 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section 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 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6

emergency temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 CENTER FOR NONPROFIT EXCELLENCE

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1 Amou 2 Amou	Distributions			Current Year
2 Amou	ints paid to supported organizations to accomplish exer			
		1		
organ	ints paid to perform activity that directly furthers exemp	t purposes of supported		
	izations, in excess of income from activity	2		
3 Admir	nistrative expenses paid to accomplish exempt purpose	3		
4 Amou	ints paid to acquire exempt-use assets		4	
5 Qualif	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6 Other	distributions (describe in Part VI). See instructions.		6	
7 Total	annual distributions. Add lines 1 through 6.		7	
8 Distrik	butions to attentive supported organizations to which th	ne organization is responsive		
(provi	de details in Part VI). See instructions.		8	
9 Distrik	butable amount for 2023 from Section C, line 6		9	
10 Line 8	3 amount divided by line 9 amount		10	
Section E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distrik	butable amount for 2023 from Section C, line 6			
2 Under	rdistributions, if any, for years prior to 2023 (reason-			
able c	cause required - explain in Part VI). See instructions.			
3 Exces	ss distributions carryover, if any, to 2023			
a From	2018			
b From	2019			
c From	2020			
d From	2021			
e From	2022			
f Total	of lines 3a through 3e			
g Applie	ed to underdistributions of prior years			
h Applie	ed to 2023 distributable amount			
	over from 2018 not applied (see instructions)			
	inder. Subtract lines 3g, 3h, and 3i from line 3f.			
	butions for 2023 from Section D,			
line 7:				
a Applie	ed to underdistributions of prior years			
	ed to 2023 distributable amount			
c Rema	inder. Subtract lines 4a and 4b from line 4.			
	ining underdistributions for years prior to 2023, if			
	Subtract lines 3g and 4a from line 2. For result greater			
	zero, explain in Part VI. See instructions.			
	ining underdistributions for 2023. Subtract lines 3h			
	b from line 1. For result greater than zero, explain in			
	VI. See instructions.			
	ss distributions carryover to 2024. Add lines 3j			
and 4				
	down of line 7:			
	ss from 2019			
	ss from 2020			
	ss from 2020			
	ss from 2022			
	ss from 2023			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023			IT EXCELLE		20-3412827 Page
	line 1; Part IV, Section D Section D, lines 5, 6, and	1, 2, 3b, 3c, 4b, 4c), lines 2 and 3; Par	5a, 6, 9a, 9b, 9c, 1 IV, Section E, lines	1a, 11b, and 11c; Pa s 1c, 2a, 2b, 3a, and	art IV, Section B, lines ⁻ 3b; Part V, line 1; Part ^v	And 2; Part IV, Section C, /, Section B, line 1e; Part V,
	(See instructions.)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		

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Schedule of Contributors

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

2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

C

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set in the set is the set in the set is t

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).

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

CENTER FOR NONPROFIT EXCELLENCE

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 811,196. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 698,680. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 156,479. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 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 5 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 6 Person Payroll 110,169. Noncash X \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

15151113 700786 27068

Employer identification number

20-3412827

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 60,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (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) (2023)

Employer identification number

Page 2

20-3412827

323452 12-26-23

15151113 700786 27068

CENTER FOR NONPROFIT EXCELLENCE

Name of organization			Employer identification number	
CENTE	R FOR NONPROFIT EXCELLENCE		20-3412	2827
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	l.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		(d) ate received
	MARKETABLE SECURITIES			
6		\$35,5	<u>27.</u>	2/19/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		(d) ate received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		(d) ate received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)		(d) ate received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) ate received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) ate received
		\$		

323453 12-26-23

Schedule B (Form 990) (2023)

15151113 700786 27068

25 2023.05000 CENTER FOR NONPROFIT EXCE 27068_1

Schedule B (Form 990) (2023)

Schedule	B (Form 990) (2023)			Page 4
Name of o	organization			Employer identification number
CENTE	R FOR NONPROFIT EXCELLE	NCE		20-3412827
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	a) through (e) and the following line ent	v For organizations	
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or I space is needed.	ess for the year. (Enter this inf	io. once.) \$
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of gif	I	
	Transferee's name, address, a	and ZIP + 4	Relationship of	transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, a	and ZIP + 4	Relationship of	transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of gif	I	
	Transferee's name, address, a	and ZI P + 4	Relationship of	transferor to transferee
			·	
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, a	and ZIP + 4	Relationship of	transferor to transferee
323454 12-26	6-23	I		Schedule B (Form 990) (2023)

26 2023.05000 CENTER FOR NONPROFIT EXCE 27068_1

LHA	332041 11-06-23	

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nam	ne of organization			Emp	oloyer identification number
		FOR NONPROFIT EX			20-3412827
Pa	rt I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	rt I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization unc	der section 4955	-	\$
2					
3	If the organization incurred a section				
		, 			
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c)(3).
1	Enter the amount directly expended	l by the filing organization for se	ction 527 exempt func	tion activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527	
	exempt function activities		-		\$
3	Total exempt function expenditures				
	line 17b				\$
4	Did the filing organization file Form				Yes No
5	Enter the names, addresses, and er				
	made payments. For each organizat contributions received that were pro- political action committee (PAC). If a	omptly and directly delivered to a	a separate political org	anization, such as a separa	•
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

OMB No. 1545-0047



		NONPROFIT E		20-3	3412827 Page 2
Part II-A Complete if the orga	anization is exe	mpt under sectior	n 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).					
A Check if the filing organizat	ion belongs to an af	iiliated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	e of excess lobbying	expenditures).			
B Check if the filing organizat	ion checked box A a	nd "limited control" pro	ovisions apply.		
	s on Lobbying Expe itures" means amo	enditures unts paid or incurred.))	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion	(grassroots lobbying)			
b Total lobbying expenditures to influ	ence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditures	add lines 1c and 1	d)			
f Lobbying nontaxable amount. Ente	r the amount from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is: The lo	bbying nontaxable am	ount is:		
not over \$500,000,	20% of	the amount on line 1e.			
over \$500,000 but not over \$1,000	000, \$100,0	00 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,50	0,000, \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,0	00,000, \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000,	\$1,000	,000.			
g Grassroots nontaxable amount (en	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, enter -0-				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer	o on either line 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	/ear?				Yes No
		eraging Period Under	.,		
(Some organizations th		501(h) election do not rate instructions for li	•	of the five columns b	elow.
	· · ·	enditures During 4-Yea			
	Lobbying Expe				
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

332042 11-06-23

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	ı)	())
of the	e lobbying activity.	Yes	Νο	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	X	Х		
d	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			80.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
j	Total. Add lines 1c through 1i				80.
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	b), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR ((b) Part I	II-A, line	3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2 b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Drovi	de the descriptions required for Part I.A. line 1: Part I.B. line 4: Part I.C. line 5: Part II.A (affiliated group	lict). Dort II		nd 2 (coo	

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDU	JLE D
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(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.

OMB No. 1545-0047 **Open to Public**

Department of the Treasury h Ν

Interna	I Revenue Service Go to www.irs.gov/Form99	<u>0 for instructions and the latest informatio</u>	n. Inspection
Nam	e of the organization		Employer identification number
Dee	CENTER FOR NONPROF:		20-3412827
Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		ACCOUNTS. Complete if the
		(a) Donor advised funds	(b) Euroda and other appaulate
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3 4	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in v		funds
5	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor o		•
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a h	nistorically important land area
	Protection of natural habitat	Preservation of a d	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	o ,		
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acqu	• • •	
-	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	ganization during the tax
4	year	amont is leasted	
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per		
5	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
		5	5
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	tement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements	s that describes the
_	organization's accounting for conservation easements.		<u>.</u>
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1 a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		erance of public
L	service, provide in Part XIII the text of the footnote to its finar		and about works of
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items.		¢
	 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 		•
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial or	
~	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$

b	Assets included in Form 990, Part X
	For Demonstructure Deduction Act Nati

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 CENTER	FOR NONPROF	TT EXCELL	ENCE			20-34			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or	Othe	r Simila	r Assets	contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make s	ignificant	use of its			
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further the	ne organizatior	n's exei	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other	r similaı	r assets		_	_	_
	to be sold to raise funds rather than to be ma					<u></u>		Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organization	n answered "Y	'es" on	Form 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custodi							٦		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					A		
								Amoun	t	
	Beginning balance									
	Additions during the year									
e	Distributions during the year									
T 0-	Ending balance Did the organization include an amount on Fe					1 f		Yes		
	If "Yes," explain the arrangement in Part XIII.		•			IILY ?		l tes		_ No □
Par						0		<u></u>		
		(a) Current year	(b) Prior year	(c) Two years			vears back	(e) Fou	vears	hack
10	Beginning of year balance	9,663.	9,060.	(0) 110 your	5 Buon	(4) 11100	youro buon	(0) 1 00	youro	buon
1a b			5,000	10	,000.					
	Contributions	945.	603.		-940.					
с А	Grants or scholarships				•					
ŭ	Other expenditures for facilities									
e										
f	Administrative expenses									
g	End of year balance	10,608.	9,663.	9	,060.					
2	Provide the estimated percentage of the curr	· · ·	,		, .					
- a	Board designated or quasi-endowment		%	,, 11010 001						
b	Permanent endowment	%	_/*							
c		% %								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse		tion that are held ar	nd administere	ed for th	ne				
	organization by:	Ū							Yes	No
	(i) Unrelated organizations?							3a(i)	Х	
								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endow	vment funds.							
Par	t VI Land, Buildings, and Equipm	ent								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or of basis (investm		t or other (other)	• •	Accumulate epreciation		(d) Boo	k valu	е
1a	Land									
b	Buildings			5,572.		5,5				0.
с	Leasehold improvements			9,398.		9,3				0.
	Equipment		10	5,003.		18,7	50.	8	6,2	53.
e	Other								_	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	K. line 10c, column	<u>(B))</u>					6,2	
							~ · · ·	D / C		~~~~

Schedule D (Form 990) 2023

Part VII Investments - Other Securities Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	id-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN ASS	SETS HELD BY (COMMUNITY	
(2) FOUNDATIONS			48,947
(3) EMPLOYEE RETENTION CREDIT	RECEIVABLE		106,811
(4) OTHER CURRENT ASSETS			2,775
(5) RIGHT OF USE ASSET UNDER (OPERATING LEAS	SE	111,496
(6)			
(7)			
(8)			
(9)			270 020
Total. (Column (b) must equal Form 990, Part X, line 15, co. Part X Other Liabilities			270,029
Complete if the organization answered "Yes"	on ⊦orm 990, Part IV, line	11e or 11t. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			111 400
(2) OBLIGATION UNDER OPERATING	J LEASE		111,496
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			+
Total. (Column (b) must equal Form 990. Part X. line 25. co.			111,496

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

15151113 700786 27068

CENTER FOR NONPROFIT EXCELLENCE Schedule D (Form 990) 2023

Sche	Schedule D (Form 990) 2023 CENTER FOR NONPROFIT EXCELLENCE				3412827	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Re				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,548,	,123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	3,843.			
b	Donated services and use of facilities	2b	100.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	3 2,544	<u>,943.</u>
3	Subtract line 2e from line 1			3	2,544	<u>,180.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,544	,180.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Expenses per R	eturr	า	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1	2,534	,799.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2 a	100.			
b	Prior year adjustments	2 b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		100.
3	Subtract line 2e from line 1			3	2,534	<u>,699.</u>
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				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,534	699
	rt XIII Supplemental Information			0	2/331	,055.

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

PART V, LINE 4:

EARNINGS	FROM	THE	BOARD-	-DESIGNATED	ENDOWMENT	PROVIDE	SUPPORT	FOR	FUNDING
----------	------	-----	--------	-------------	-----------	---------	---------	-----	---------

PROGRAMS AND GENERAL OPERATIONS OF THE CENTER.

PART X, LINE 2:

CNE HAS REVIEWED ANI	EVALUATED	THE RELEVANT	TECHNICAL	MERITS OF	EACH O	\mathbf{F}
----------------------	-----------	--------------	-----------	-----------	--------	--------------

ITS TAX POSITIONS IN ACCORDANCE WITH GUIDANCE ESTABLISHED BY THE FINANCIAL

ACCOUNTING STANDARDS BOARD (FASB) AND DETERMINED THAT THERE ARE NO

UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL

STATEMENTS OF THE ORGANIZATION.

332054 09-28-23

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2023
332055 09-28-23	Schedule D (FUIII 330) 2023

(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Inspection Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection Name of the organization CENTER FOR NONPROFIT EXCELLENCE Employer identification number 20 – 3412827 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 1 Indicate whether the organizations e X X Mail solicitations e X b X Internet and email solicitations f
Dependence of the reastry Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number 20-3412827 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Inspection 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Mail solicitations e X Solicitation of non-government grants
Name of the organization Employer identification number CENTER FOR NONPROFIT EXCELLENCE 20-3412827 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants
CENTER FOR NONPROFIT EXCELLENCE 20-3412827 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants
a X Mail solicitations e Solicitation of non-government grants
 b X Internet and email solicitations f Solicitation of government grants c Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Activity (iii) Did fundraiser have custody contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i) (v) Amount paid to (or retained by) organization
KATHERINE GRIFFIN HAND - 7313 Yes No
OLD RAPIDAN ROAD, RAPIDAN, VA FUNDRAISING CONSULTING X 0. 32,54032,540.
COVERED-DISH CONSULTING LLC - 7441 TANGLEWOOD ROAD, FUNDRAISING CONSULTING X 0. 30,000.
Total 62,540. -62,540. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration
or licensing.
VA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part

CENTER FOR NONPROFIT EXCELLENCE

20-3412827 Page 2

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 contri	utions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro			÷ .	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	59,080.			59,080.
	2	Less: Contributions	57,130.			57,130.
_	3	Gross income (line 1 minus line 2)	1,950.			1,950.
	4	Cash prizes				
ő	5	Noncash prizes				
pense	6	Rent/facility costs	6,839.			6,839.
Direct Expenses	7	Food and beverages	13,800.			13,800.
	8	Entertainment				
		Other direct expenses	62,684.			62,684.
		Direct expense summary. Add lines 4 through	9 in column (d)			83,323.
		Net income summary. Subtract line 10 from lin				-81,373.
Ра	rt I		inswered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
nue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	4					
_	-	Gross revenue				-
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				

	7 Direct expense summary. Add lines 2 through 5 in column (d)	
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)	
9	Enter the state(s) in which the organization conducts gaming activities:	
	a Is the organization licensed to conduct gaming activities in each of these states?	Yes
I	b If "No," explain:	
	a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes

%

] Yes

No

%

Yes

No

%

Yes

No

332082 09-13-23

Schedule G (Form 990) 2023

No

No

5 Other direct expenses

6 Volunteer labor

Sche	edule G (Form 990) 2023	CENTER FO	R NONPROFIT	EXCELLENCE	20-3412827 Page 3
11	Does the organization conduct ga	ming activities with	nonmembers?		Yes No
12	Is the organization a grantor, bene	eficiary or trustee of	a trust, or a member o	of a partnership or other entity formed	
	to administer charitable gaming?				Yes No
	Indicate the percentage of gaming				
а	The organization's facility				<u>13a %</u>
14	Enter the name and address of th	e person who prepa	res the organization's	gaming/special events books and rec	ords:
	Name				
	Address				
	Add(033				
15a	Does the organization have a con	tract with a third pa	ty from whom the org	anization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gam	ina revenue receive	d by the organization	\$ and the	amount
	of gaming revenue retained by the			•	
с	If "Yes," enter name and address				
	Name				
	Address				
16	Gaming manager information:				
10	daming manager information.				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee	Indeper	ndent contractor	
17	Mandatory distributions:				
а	Is the organization required under				
	retain the state gaming license?				
b		•		to other exempt organizations or spe	nt in the
Pa	organization's own exempt activit rt IV Supplemental Infor			ed by Part I, line 2b, columns (iii) and	(v): and Part III lines 9 9h 10h
				formation. See instructions.	(v), and r art in, intes 3, 30, 100,
	, , , , ,		, ,		
SCI	HEDULE G, PART I,	LINE 2B, 1	LIST OF TEN	HIGHEST PAID FUNDR	AISERS:
(I) NAME OF FUNDRAIS	SEB• אסייתבי	אדאה קאדים.	I HAND	
<u>\ </u>	, MILL OF FOUDINES		CIGE ORTEFIL		
(I) ADDRESS OF FUNDE	RAISER: 73	13 OLD RAPII	DAN ROAD, RAPIDAN,	VA 22733
<i>(</i> т					
(1) NAME OF FUNDRAIS	SER: COVER	TOU CON		
(I) ADDRESS OF FUND	RAISER: 74	41 TANGLEWOO	DD ROAD, RICHMOND,	VA 23225
<u>, -</u>	,			, ,	
33208	3 09-13-23		~=		Schedule G (Form 990) 2023

15151113 700786 27068

Schedule G	G (Form	990))

Part IV	Supplemental Information	(continued)		
				_
				Schedule G (Form 990)
332084 04-01-	23		20	

sc	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		ľ	2023		
	Compensated Employees			ZU	ZJ)
Dene	two and of the Treesure	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organizatio	1	Employer	identificatio	on nui	mber
		CENTER FOR NONPROFIT EXCELLENCE	20-3	341282'	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	;			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of o	ther organizations $oxed{X}$ Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				
а		e payment or change-of-control payment?		4a		X
b	-	eive payment from a supplemental nonqualified retirement plan?				X
С	-	eive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
-)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
	contingent on the r			-		v
						X X
b		ation?		<u>5b</u>		
~		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation at accrueing a fi	'n			
_	contingent on the r	-		6a		v
	a The organization?					X X
b		ation?		6b		
-		or 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		v
~		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				- v
~				8		X
9		id the organization also follow the rebuttable presumption procedure described in		-		
		53.4958-6(c)?				
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)) 2023

LHA 332111 11-06-23

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-M compensation		/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(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	compensation		reported as deferr on prior Form 99		
(1) CRISTINE NARDI	(i)	135,000.	0.	0.	8,100.	12,939.	156,039.	0.	
EXECUTIVE DIRECTOR (THRU 01/24)	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	<u>(ii)</u>								
	(i)								
	<u>(ii)</u>								
	(i)								
	(ii)								
	(i)								
	<u>(ii)</u>								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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.

PART I, LINE 3:

THE CENTER HAS A WRITTEN EXECUTIVE COMPENSATION POLICY, ESTABLISHED BY THE

BOARD AND REVIEWED ANNUALLY.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

. Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

Employer identification number				
20-3412827				

CENTER	FOR	NONPROFIT	EXCELLENCE

Pa	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported of		Method of dete noncash contributi			c
		applicable	items contributed	Form 990, Part VIII, lin		ionedon contribut			<u> </u>
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	1	35,52	27.FMV	7			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21									
22	Taxidermy Historical artifacts								
23	Scientific specimens								
23 24	Archeological artifacts								
2 4 25	Other (
25 26	· / _								
20 27	Other () Other ()								
28	Other ()								
<u>20</u> 29	Number of Forms 8283 received by the organize	otion during	the tax year for a						
25	for which the organization completed Form 828	-							
	for which the organization completed Form 626	S, Fart V, L	onee Acknowledg	ement 29				Yes	No
200	During the year, did the organization receive by	oontributio	n any proporty rop	ortad in Dart L linaa 1 t	brough 20	that it		165	
30a	must hold for at least 3 years from the date of the								
	exempt purposes for the entire holding period?			•			30a		х
h	If "Yes," describe the arrangement in Part II.						30a		
	,	oliov that ra	quires the review	of any nonstandard con	tributions?		24	X	
31	Does the organization have a gift acceptance pe					F	31		
s∠a	Does the organization hire or use third parties o		•		Jash			x	
L.	contributions?					·····	32a	Δ	
	If "Yes," describe in Part II.	1		faundalah sahuran () t	الرجاع معامر				
33	If the organization didn't report an amount in co	numn (C) fói	a type of property	r for which column (a) is	s checked,				
	describe in Part II.	undiare f-				Cohe duite M	(F a	. 000	0000
ror F	Paperwork Reduction Act Notice, see the Instr	uctions for	Form 990.			Schedule M	rorm	1 990)	2023

Schedule M (Form 990) 2023 CENTER FOR NONPROFIT EXCELLENCE

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF PUBLICLY TRADED

STOCKS DONATED.

SCHEDULE M, LINE 32B:

THE CENTER UTILIZES AN INVESTMENT BROKER TO LIQUIDATE DONATED PUBLICLY

TRADED SECURITIES. THE SECURITIES ARE LIQUIDATED IMMEDIATELY UPON

RECEIPT.

Schedule M (Form 990) 2023

20-3412827

Page 2

332142 09-11-23

43 2023.05000 CENTER FOR NONPROFIT EXCE 27068_1 SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number 20-3412827

OMB No. 1545-0047

CENTER FOR NONPROFIT EXCELLENCE

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEMBERSHIP SERVICES:

THE CENTER OFFERS NONPROFIT ORGANIZATIONS MEMBERSHIP BENEFITS THAT

INCLUDE THE FOLLOWING:

DISCOUNTED RATES FOR THE CENTER'S WORKSHOPS, ADVANCED TRAININGS,

ACADEMIES, AND OTHER PROGRAMS.

EXCLUSIVE ACCESS TO THE CENTER'S LEADERSHIP CIRCLES, A LEADERSHIP

DEVELOPMENT PROGRAM OF FACILITATED SMALL GROUPS MADE UP OF NONPROFIT

PROFESSIONALS. THESE CIRCLES PROVIDE A CONFIDENTIAL SETTING IN WHICH

PEERS CAN DISCUSS AND SOLVE REAL-TIME PROBLEMS WITH REAL-WORLD

EXPERIENCE, AND SUPPORT EACH OTHER'S LEARNING AND GROWTH.

FREE ACCESS TO OUR NONPROFIT HELP DESK, PROVIDING CUSTOMIZED TECHNICAL

ASSISTANCE AND RESOURCE REQUESTS.

EXPENSES \$ 69,043. INCLUDING GRANTS OF \$ 0. REVENUE \$ 88,175.

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

ORGANIZATION'S PROCESS TO REVIEW FORM 990 - ONCE CNE'S FORM 990 IS

COMPLETE, AND BEFORE IT IS FILED, THE BOARD IS PROVIDED WITH A COPY AND

 ASKED TO REVIEW THE DOCUMENT. AFTER EACH BOARD MEMBER REVIEWS THE DOCUMENT,

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

 LHA
 332211 11-14-23

44

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
CENTER FOR NONPROFIT EXCELLENCE	20-3412827
THAT BOARD MEMBER IS ASKED TO FILL OUT AN ONLINE CNE BOARD	SURVEY TO
CONFIRM THAT HE OR SHE ACTED AS AN INDEPENDENT DIRECTOR WI	THOUT CONFLICT OF
INTEREST DURING THE TAX YEAR. THE ORGANIZATION REQUIRES 10	0% PARTICIPATION
IN THE ONLINE BOARD SURVEY AND MAINTAINS SURVEY RECORDS ON	CE COMPLETE.

FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICT OF INTEREST POLICY - CNE HAS A WRITTEN CONFLICT OF INTEREST POLICY, WHICH IS INCLUDED AS A DISCUSSION ITEM ON THE AGENDA FOR THE FIRST FULL BOARD MEETING EACH YEAR, IN AUGUST. AFTER THE BOARD MEETING DISCUSSION, EACH BOARD MEMBER INDIVIDUALLY REVIEWS AND SIGNS THE POLICY. A SIGNED COPY OF THE POLICY IS KEPT AT THE CNE OFFICE, AS PART OF THE ORGANIZATIONS OFFICIAL RECORDS, AND IS AVAILABLE FOR REVIEW UPON REQUEST.

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

COMPENSATION PROCESS OF TOP OFFICIAL - CNE HAS A WRITTEN EXECUTIVE

COMPENSATION POLICY, ESTABLISHED BY ITS BOARD OF DIRECTORS AND REVIEWED ANNUALLY.

COMPENSATION OF OFFICER - THE COMPENSATION PAID TO WARREN BUFORD, AS REPORTED IN PART VII, SECTION A, WAS DETERMINED BY OBTAINING COMPARABLE MARKET RESEARCH. THE PROPOSED COMPENSATION WAS REVIEWED AND APPROVED BY CNE'S EXECUTIVE DIRECTOR. THE APPROVED COMPENSATION WAS DETERMINED TO BE BELOW THE MARKET AVERAGE, ESPECIALLY GIVEN THE KNOWLEDGE AND SIGNIFICANT EXPERTISE OF WARREN BUFORD.

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

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION - CNE MAINTAINS ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AT ITS 332212 11-14-23 45

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
CENTER FOR NONPROFIT EXCELLENCE	20-3412827
BUSINESS ADDRESS AND MAKES THESE DOCUMENTS AVAILABLE TO TH	IE PUBLIC UPON
REQUEST DURING NORMAL BUSINESS HOURS. IT ALSO POSTS ITS AN	INUAL IRS FORM 990
AND AUDIT REPORT ON ITS WEBSITE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS AND SUBCONTRACTORS:	
PROGRAM SERVICE EXPENSES	339,085.
MANAGEMENT AND GENERAL EXPENSES	64,089.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	403,174.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	403,174.
FORM 990, PART XII, LINE 2C	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR SELECTION AND RE	TENTION OF
INDEPENDENT AUDITORS. THIS PROCESS HAS NOT CHANGED FROM TH	IE PRIOR YEAR.
332212 11-14-23	Schedule O (Form 990) 2023