** PUBLIC DISCLOSURE COPY **

Form **991**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Α	For th	e 2020 calendar year, or tax year beginning $$	<u>g</u> JU	JN 30, 202	1					
В	Check if applicab	e: C Name of organization	ı	D Employer ident	ification number					
Σ	Addre	CAPITAL PARTNERS FOR EDUCATION, INC.								
	Name chang	Doing business as	\neg	52-1832	497					
	Initial return		/suite I	E Telephone numb						
	Final	609 H STREET NE 500		(202) 682-6020						
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	L	G Gross receipts \$	2,141,355.					
Ļ	Amen return Appli	WASHINGTON, DC 20002		H(a) Is this a group return						
	tion pendi	F Name and address of principal officer: KITAKT DROWN		for subordinat						
_		SAME AS C ABOVE	_		s included? Yes No					
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or te: $CPFE \cdot ORG$	527	•	a list. See instructions					
				H(c) Group exempt	M State of legal domicile: DC					
		Summary	i cai oi	Torritation. ±555	W State of legal doffliche, DC					
	1	Briefly describe the organization's mission or most significant activities: SEE SCHI	EDUI	E O.						
Governance	'	briony decombe the organization of most organization and organization of most organization and organization of most organization of mos								
rna	2	Check this box if the organization discontinued its operations or disposed of	more t	han 25% of its net	assets.					
ove	3	Number of voting members of the governing body (Part VI, line 1a)								
ত জ	4	Number of independent voting members of the governing body (Part VI, line 1b)								
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)								
ĭ	6	Total number of volunteers (estimate if necessary)								
Act		Total unrelated business revenue from Part VIII, column (C), line 12								
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·········							
Revenue		0		Prior Year 1,522,317	Current Year 2,115,088.					
	8	Contributions and grants (Part VIII, line 1h)		0						
	9	Program service revenue (Part VIII, line 2g)		6,766						
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0,700						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,529,083						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		191,581						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0						
ဟွ	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,070,065						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0						
ç	b	Total fundraising expenses (Part IX, column (D), line 25) 243,225.								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		622,389						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,884,035						
	19	Revenue less expenses. Subtract line 18 from line 12	_	1,354,952	-715,563.					
Net Assets or Find Balances			Begi	nning of Current Yea						
Sset	20	Total assets (Part X, line 16)		3,654,310						
et A	21	Total liabilities (Part X, line 26)		413,029	-					
		Net assets or fund balances. Subtract line 21 from line 20		3,241,281	. 2,747,064.					
	art II		tataman	ato and to the best of	my knowledge and balisf it is					
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre			Thy knowledge and belief, it is					
uue	, сопт	t, and complete. Decidiation of preparer (other than officer) is based on an information of which pre	sparei ii	as any knowledge.						
Sig	ın	Signature of officer		I Date						
He		KHARI BROWN, CHIEF EXECUTIVE OFFICER								
110		Type or print name and title								
		Print/Type preparer's name Preparer's signature	Da	OHOOK	PTIN					
Pai	d	GLENN MILLER, CPA		3/1/22 if self-emp	□ P00086726					
Pre	parer	Firm's name WEGNER CPAS, LLP	•	Firm's EIN						
Use	Only	Firm's address 419 N LEE ST								
ALEXANDRIA, VA 22314-2301 Phone no. 703-519-0990										
Ma	v the I	RS discuss this return with the preparer shown above? See instructions			X Yes No					

Pai	Check if Cahadula Cooptains a response ou pate to any line in this Dart III	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: OUR MISSION IS TO SUPPORT STUDENTS IN THE ACADEMIC MIDDLE THRO	NICU UTCU
		OGH HIGH
	SCHOOL AND COLLEGE, SO THEY CAN GRADUATE WITH THE SKILLS AND	
	EXPERIENCES NEEDED TO THRIVE IN SUSTAINABLE CAREERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Yes L▲ No
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes LA No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	•
	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. (Code:) (Expenses \$ 2,215,094 • including grants of \$ 100,366 •) (Revenue \$	
4a	(Code:) (Expenses \$ 2,215,094. including grants of \$ 100,366.) (Revenue \$ CAPITAL PARTNERS FOR EDUCATION (CPE) PROVIDES LOW INCOME STUDE	NITIC TNI
	THE DISTRICT OF COLUMBIA WITH ONE-TO-ONE MENTORS AS WELL AS AC	
	AND CAREER PROGRAMMING TO GUIDE THEM TO AND THROUGH COLLEGE AN	
	SUSTAINABLE CAREERS. CPE SELECTS FIRST-GENERATION-TO-COLLEGE S	
	IN THE ACADEMIC MIDDLE WHO WOULD BENEFIT FROM ADULT GUIDANCE	
	COLLEGE APPLICATION, MATRICULATION, AND COMPLETION. CPE SERVES	
	ENROLLED IN PUBLIC HIGH SCHOOLS IN THE DISTRICT OF COLUMBIA.	
	STUDENTS ARE MATCHED WITH A VOLUNTEER MENTOR AND RECEIVE FINAL	
	SUPPORT FROM CPE TOWARD SCHOOL SUPPLIES, FEES, AND HOUSEHOLD N	
	SOFFORT FROM CEE TOWARD SCHOOL SOFFLIES, FEES, AND HOOSEHOLD I	15500.
4b		
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
	/ (Lipsings	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,215,094.	
		Form 990 (2020)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			\ _{3,7}
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		.
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			 ₩
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Α_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha	-25	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٦,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ا		₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		_ <u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Part IV Checklist of Required Schedules (continued)

	Checking of Hedging Continuedy			T
00	Did the consideration was at the off 000 of smaller and the societies at the order of the distributions.		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		X	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	1	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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%			l
	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			7.7
	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 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	200		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
c=	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37	 	^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Pai	Note: All Form 990 filers are required to complete Schedule O	_ 30		
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is Solidadia a containa a responsa or note to any into in this rate v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			110
b		_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

2a 12 feet the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 12 2 2 2 7					Yes	No			
b If a least one is reported on line 2a, did the organization file all required footeral employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A X If Yes, I has it filed a Form 990-T for this year? If 'No' 10 line 3b, provide an explanation on Schedule O 3b If Yes, 'Instruction and foreign country (such as a bank account, securities account, or other financial account) or of the foreign country. 5a If Yes, 'Instruction for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5b If Yes, 'Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5c Was the organization aparty to a prohibited tax whether transaction at any time during the tax year? 5c A X 5d If Yes' is line Sa or 5b, did the organization the Form 8886-T. 6c If Yes' is line Sa or 5b, did the organization the Form 8886-T. 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d If Yes', did the organization include with every solicitation an express statement that such contributions or grits 6d If Yes, 'Indicate the number of Forms 8826 filed during the year 6 If Yes', indicate the number of Forms 8822 filed during the year 6 Did the organization state any receive deductible contributions under section 170(c). 6 If Yes', indicate the number of Forms 8822 filed during the year 6 Did the organization received a contribution of qualified netlectual property for which it was required? 7 To X 7 Did the organization received a contribution of qualified netlectual property, did the organization file a Form 1980-T 7 To If If I the organization received a contribution of qualified netlectual property, did the organization file	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a 27						
3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1 Yes, "Nat It filed a Form 990 Tor this year If "No" to file 3b, provide an explanation on Schedule O 5b If 1 Yes, "Nat It filed a Form 990 Tor this year If "No" to file 3b, provide an explanation on Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). Provided the provided of the provided in the provi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х				
b If "Yes," has it filled a Form 990.T to this year? If "No" to fine 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b IV "Yes" to line Sa or 5b, did the organization file Form 8888-17 6a Does the organization the organization file Form 8888-17 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b IV "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization notity the donor of the value of the goods or services provided? 7 organizations that may receive deductible contributions under section 170(c). 8c ID IV the "Wes," did the organization notity the donor of the value of the goods or services provided? 7 organization seleve any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1980-87 8 organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1980-87 9 organization received a contribution of cars, boats, airplanes, or other		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form \$886177. 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If 'Yes' to line 5a or 5b, did the organization file form \$886177. 5c If 'Yes' to line 5a or 5b, did the organization file form \$886177. 5c Did be organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c X 5 If 'Yes', elid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c V 7 Organizations that may receive deductible contributions under section 170(c). 8 If 'Yes', 'idid the organization notify the donor of the value of the goods or services provided? 9 If 'Yes', 'idid the organization notify the donor of the value of the goods or services provided? 9 If 'Yes', 'indicate the number of Forms 8282 filed during the year 9 Sponsoring organization received a contribution of crusified intellectual property, did the organization file Form 8898 as required? 9 If the organization received a contribution of crusified intellectual property, did the organization file Form 1098 C? 7 The Sponsoring organization maintaining donor advised funds. 9 Sponsoring organization have excess business holdings at any time during the year?	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х			
transcial account in a foreign country Such as a bank account, securities account, or other financial accountl? b If "Yes," enter the name of the foreign country See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or Sb, did the organization file Form 8886-17? 6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible on the property of the same than the such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive apprentil necess of \$5 made party as contribution and partly for goods and services provided to the payor? 7 The St C Did the organization notify the donor of the value of the goods or services provided? 6 Did the organization receive apprentil necess of \$5 made party as contribution and partly for goods and services provided to the payor? 7 The St C Did the organization notify the donor of the value of the goods or services provided? 7 The St C Did the organization onely the donor of the value of the goods or services provided? 7 The St C Did the organization onely the donor of the value of the goods or services provided? 8 Did the organization organization services any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of clarity, to pay premiums on a personal benefit contract? 7 The St Did the organization received a contribution of clarity, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of clarity, to pay the during the year organization file	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					
b If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization on party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Saor 50, did the organization file Form 88867. 5c If "Yes" to line Saor 50, did the organization file Form 88867. 5c If "Yes", "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions. 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). a bill the organization state may receive deductible contributions under section 170(c). a bill the organization stall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88287. b If "Yes," indicate the number of Forms 8282 filed during the year c Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f Did the organization received a contribution of cars, boats, analyses, or other vehicles, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, analyses, or other vehicles, did the organization file Form 8899 as required? 7a If the organization received a contribution of cars, boats, analyses, or other vehicles, did the organization file Form 8899 as required? 7b If the organization received a contribution of cars, boats, and financy, or near the dependency organization file Form 8899 as required? 7b If the organization received a contribution of cars, boats in file file or	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a						
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		I	ا ء ا						
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.	_	The state of the s							
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X									
	16		t income?	16		Х			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Division (mic coolin 2 requests information about periode not required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	···u		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	- Tou		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶DC , MD , VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,	,	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KHARI BROWN - (202) 682-6020			
	609 H STREET NE, NO. 500, WASHINGTON, DC 20002			

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

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

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

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

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) (E) Reportable Reportable compensation		(F) Estimated amount of			
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KHARI BROWN	40.00	1					055 635		05 165
CHIEF EXECUTIVE OFFICER	40.00			Х			255,635.	0.	25,167.
(2) MARCUS BRAXTON	40.00	4		37			150 507		10 040
CHIEF OPERATING OFFICER	40.00			Х			159,597.	0.	12,940.
(3) BRANDON WHITE VICE PRESIDENT	40.00	┨		х			131,977.	0.	11,795.
(4) THEODORE SCHWAB	1.00			Δ			131,311.	0.	11,790.
CO-FOUNDER/CHAIRMAN EMERIT	1.00	x		Х			0.	0.	0.
(5) MARY BUSH	1.00	122		22			0.	0.	
BOARD CHAIR	100	x		х			0.	0.	0.
(6) JOHN BATES	1.00	 					•	•	
TREASURER		X		х			0.	0.	0.
(7) CAROL ADELMAN	1.00								
DIRECTOR		Х					0.	0.	0.
(8) JOHNSON BADEMOSI	1.00								
DIRECTOR		X					0.	0.	0.
(9) MARGOT MACHOL BISNOW	1.00								
DIRECTOR		Х					0.	0.	0.
(10) CATHY BERNASEK	1.00								
DIRECTOR		Х					0.	0.	0.
(11) GINA COBURN	1.00							_	_
DIRECTOR		Х					0.	0.	0.
(12) J. WARREN GORRELL, JR	1.00	ļ							
DIRECTOR	1 00	Х					0.	0.	0.
(13) DOROTHY HELFENSTEIN	1.00	١							_
DIRECTOR	1 00	Х					0.	0.	0.
(14) SARAH IDDRISSU	1.00	ļ ,,						_	_
DIRECTOR	1 00	Х					0.	0.	0.
(15) CAREN MERRICK DIRECTOR	1.00	X					0.	0.	0.
(16) JAMES NEVELS	1.00	^					0.	0.	<u> </u>
DIRECTOR	1.00	X					0.	0.	0.
(17) CHARLES ROSSOTTI	1.00	122					0.	0.	<u></u>
DIRECTOR	1.00	X					0.	0.	0.
02007 10 02 00						L		<u> </u>	Earm 990 (2020)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	(do box	not c , unle	Pos heck ss pe	ition more rson irecto		one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC		(F Estima amount oth comper from organiz and re organiz		of tion e on ed
	line)	Individ	Instituti	Officer	Key employee	Highest employ	Former				orga	arnzand	3115
(18) MACANI TOUNGARA DIRECTOR	1.00	X						0.		0.			0.
(19) DENNIS VIA	1.00												
DIRECTOR (20) MICHAEL M. WOOD	1.00	Х				_		0.		0.	<u> </u>		0.
DIRECTOR	1.00	х						0.		0.			0.
											<u> </u>		
											<u> </u>		
											<u> </u>		
1b Subtotal		<u> </u>			<u> </u>			547,209.		0.	4	9,9	02.
c Total from continuation sheets to Part V							•	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	547,209.		0.	4	9,90	02.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	,000 of reportabl	е			3
compensation from the organization												Yes	No No
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, o	hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15												х	
5 Did any person listed on line 1a receive or a											4		
rendered to the organization? If "Yes," com	-				-						5		Х
Section B. Independent Contractors													
 Complete this table for your five highest co the organization. Report compensation for 										pens	ation f	rom	
(A)	tric calcridar y	cai	Cridi	iig v	VILII	OI W	T	(B)	ycar.		(C		
Name and business	address	N	INC	3				Description of s	ervices	С	compe	nsatior	1
							+						
							1						
Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot li	mıte	a to		se li:	sted	apove) who received m	nore than			000 /	

Ра	rt v	Ш						
			Check if Schedule O contains a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
nts nts	1	а	Federated campaigns1a					
Gra		b	Membership dues 1b					
is, (Arr		С	Fundraising events1c	143,260.				
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations 1d					
S, imi		е	Government grants (contributions) 1e	714,488.				
tior S S		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above \dots 1f 1,	<u>,257,340.</u>				
d C		g	Noncash contributions included in lines 1a-1f 1g \$					
g E		h	Total. Add lines 1a-1f	>	2,115,088.			
				Business Code				
မွ	2	а						
e vi		b						
Se		С						
ar		d						
Program Service Revenue		е						
P		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter	est, and				
			other similar amounts)		25,317.			25,317.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties	>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	<u></u>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
nue			and sales expenses					
Revenue			Gain or (loss) 7c					
			Net gain or (loss)	<u></u>				
Other	8	а	Gross income from fundraising events (not					
0			including \$ 143,260. of					
			contributions reported on line 1c). See	0.50				
			Part IV, line 188a					
			Less: direct expenses 85					6 602
			Net income or (loss) from fundraising events	_	-6,683.			-6,683.
	9	а	Gross income from gaming activities. See					
		_	Part IV, line 19	_				
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10		-			
			Less: cost of goods sold [10]					
		С	Net income or (loss) from sales of inventory .					
sn		_		Business Code				
neo Iue	11							
Miscellaneous Revenue		b						
Sce		C	All otherwise constants					
Ξ			All other revenue					
		е	Total Add lines 11a-11d		2,133,722.	0.	0.	18,634.
	12		Total revenue. See instructions	<u></u>	<u>4,133,144.</u>	<u> </u>	∪ •	10,034.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

<u> </u>	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	100 266	100 266		
	individuals. See Part IV, line 22	100,366.	100,366.		
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,	F20 020	400 007	70 600	F7 201
	trustees, and key employees	538,830.	408,837.	72,602.	57,391
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 206 146	001 020	175 001	120 115
7	Other salaries and wages	1,306,146.	991,038.	175,991.	139,117
8	Pension plan accruals and contributions (include	24 020	10 001	2 260	2 (55
	section 401(k) and 403(b) employer contributions)	24,938.	18,921.	3,360.	2,657 11,440
9	Other employee benefits	107,429.	81,513.	14,476.	
10	Payroll taxes	147,459.	111,885.	19,869.	15,705
11	Fees for services (nonemployees):				
а	Management				
b	Legal	60 560		60 560	
С	Accounting	69,762.		69,762.	
d	, o F				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	76,286.	64,128.	7,748.	4,410
12	Advertising and promotion			10.100	
13	Office expenses	51,026.	38,207.	10,190.	2,629
14	Information technology	71,283.	64,761.	4,156.	2,366
15	Royalties				
16	Occupancy	52,057.	43,760.	5,287.	3,010
17	Travel	704.	592.	72.	40
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,277.	1,074.	130.	73
23	Insurance	26,597.	22,358.	2,701.	1,538
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.) STAFF/PROFESSIONAL DEVE	20,060.	17,312.	1,752.	996
a	INTERNS	12,500.	12,500.	1,/34.	990
b		53.	14,500.		Εn
С.	EVENT FEES	53.			53
d		242 512	227 042	2 070	1 000
е	All other expenses	242,512.	237,842.	2,870.	1,800
25	Total functional expenses. Add lines 1 through 24e	2,849,285.	2,215,094.	390,966.	243,225
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)				Form 990 (202

Form **990** (2020)

Part X | Balance Sheet

art.	^_	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			921,463.	1	1,041,572
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,467,929.	3	794,192
,	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۱ ا	9	Prepaid expenses and deferred charges			8,994.	9	13,490
1	0a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		50,491.			
	b	Less: accumulated depreciation		49,762.	2,006.	10c	729
1	1	Investments - publicly traded securities			1,243,043.	11	1,397,929
1	2	Investments - other securities. See Part IV, lin				12	
1	3	Investments - program-related. See Part IV, lir				13	
1	4	Intangible assets	10 000	14	,		
1	5	Other assets. See Part IV, line 11			10,875.	15	2 247 016
	6	Total assets. Add lines 1 through 15 (must e			3,654,310.	16	3,247,912
	7	Accounts payable and accrued expenses		69,529.	17	157,348	
	8	Grants payable		18			
	9	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	1	Escrow or custodial account liability. Comple				21	
	2	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, su				00	
ີ ຸ	2	controlled entity or family member of any of the Secured mortgages and notes payable to unit				22	
	3 4	Unsecured notes and loans payable to unrela			343,500.	24	343,500
	. :5	Other liabilities (including federal income tax,			31373000		3137300
-	.5	parties, and other liabilities not included on lin					
		of Schedule D	103 17 24	. Complete Falt X		25	
2	:6	Total liabilities. Add lines 17 through 25			413,029.	26	500,848
		Organizations that follow FASB ASC 958, or			, , ,		, , ,
8		and complete lines 27, 28, 32, and 33.					
<u> </u>	7				1,159,118.	27	1,801,316
5 ₂	8	Net assets with donor restrictions		F	2,082,163.	28	945,748
2		Organizations that do not follow FASB ASC					
-		and complete lines 29 through 33.					
0 2	9	Capital stock or trust principal, or current fun-	ds			29	
ў з	0	Paid-in or capital surplus, or land, building, or				30	
² ∣3	1	Retained earnings, endowment, accumulated				31	
Net Assets of Fund Balances 3 3 3 3	2	Total net assets or fund balances		F	3,241,281.	32	2,747,064
_	3	Total liabilities and net assets/fund balances			3,654,310.	33	3,247,912

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,13					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,84					
3	Revenue less expenses. Subtract line 2 from line 1	3		-71	5,5	63.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5		22	1,3	46.			
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		2,74	7,0	64.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					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 in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,						
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			2c	х				
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch								
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit						
	Act and OMB Circular A-133?			3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization CAPITAL PARTNERS FOR EDUCATION, 52-1832497 TNC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2468991.	3454942.	2640858.	1522317.	2115088.	12202196.	
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	0.4.6.0.0.1	2454040	0640050	4500045	0115000	10000106	
4	Total. Add lines 1 through 3	2468991.	3454942.	2640858.	1522317.	2115088.	12202196.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						40001100	
	column (f)						4877132.	
6	Public support. Subtract line 5 from line 4.						7325064.	
	etion B. Total Support	() 2042	#1.0047	() 0040	(1) 0040	() 2000	(0 T)	
	ndar year (or fiscal year beginning in)	(a) 2016 2468991.	(b) 2017 3454942.	(c) 2018 2640858.	(d) 2019 1522317.	(e) 2020 2115099	(f) Total 12202196.	
	Amounts from line 4	2400991.	3434342.	2040030.	1322317.	2113000.	12202190.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	35,756.	39,725.	37,045.	6,766.	25,317.	144,609.	
•	and income from similar sources	33,730.	39,123.	37,043.	0,700.	23,317.	144,003.	
9	Net income from unrelated business							
	activities, whether or not the							
10	business is regularly carried on Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						12346805.	
12	Gross receipts from related activities,	etc (see instructi	ons)			12	950.	
13	First 5 years. If the Form 990 is for the			fourth or fifth tax				
.0	organization, check this box and stor						>	
Sec	ction C. Computation of Publ							
	Public support percentage for 2020 (column (f))		14	59.33 %	
15	Public support percentage from 2019					15	56.91 %	
16a	33 1/3% support test - 2020. If the					nore, check this bo	ox and	
	stop here. The organization qualifies	as a publicly supp	orted organization				►X	
b	33 1/3% support test - 2019. If the							
	and stop here. The organization qual	ifies as a publicly	supported organiza	ation			▶□	
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization		▶□	
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain in	Part VI how the		
	organization meets the facts-and-circ	umstances test. Tl	ne organization qu	alifies as a publicly	y supported organ	ization	▶□	
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	slow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	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					+	
	Total. Add lines 1 through 5			-	-		
/ 6	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves		<u>-</u>				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2020. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶Ш and
•	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organizatio						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of the governing body and the second of the governing body are stated as a second of the governing body.			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	s,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	ed		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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		
	tion C. Type II Supporting Organizations			
	71 · · · · - · · · · · · · · · · · · · ·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in 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	,		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	ons)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>.</u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

instructions).

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

Sche	dule A (Form 990 or 990-EZ) 2020 CAPITAL PARTN	ERS FOR EDUCAT	ION, INC.	5	2-1832497 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
Sect	Distributable amount for 2020 from Section C, line 6	1	Underdistribution	ns	Distributable
	<u> </u>	1	Underdistribution	ns	Distributable
1	Distributable amount for 2020 from Section C, line 6	1	Underdistribution	ns	Distributable
1	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reason-	1	Underdistribution	ns	Distributable
1 2 3	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.	1	Underdistribution	ns	Distributable
1 2 3 a	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020	1	Underdistribution	ns	Distributable
1 2 3 a b	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015	1	Underdistribution	ns	Distributable
1 2 3 a b c	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016	1	Underdistribution	ns	Distributable
1 2 3 a b c d	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2017	1	Underdistribution	ns	Distributable
1 2 3 a b c d	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2017 From 2018	1	Underdistribution	ns	Distributable
1 2 3 a b c d e f	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2017 From 2018 From 2019	1	Underdistribution	ns	Distributable
1 2 3 a b c d e f g	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2017 From 2018 From 2019 Total of lines 3a through 3e	1	Underdistribution	ns	Distributable
1 2 3 a b c d e f g	Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 From 2015 From 2016 From 2017 From 2018 From 2019 Total of lines 3a through 3e Applied to underdistributions of prior years	1	Underdistribution	ns	Distributable

Schedule A (Form 990 or 990-EZ) 2020

4 Distributions for 2020 from Section D,

Part VI. See instructions.

a Applied to underdistributions of prior yearsb Applied to 2020 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

line 7:

and 4c.

8 Breakdown of line 7:
 a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

CAPITAL PARTNERS FOR EDUCATION,

Employer identification number

52-1832497

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

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

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certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

CAPITAL PARTNERS FOR EDUCATION, INC.

52-1832497

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audiess, and Zir + 4	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>250,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

CAPITAL PARTNERS FOR EDUCATION, INC.

52-1832497

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$343,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 270,988.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CAPITAL PARTNERS FOR EDUCATION, INC.

52-1832497

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

Employer identification number

Name of organization

52-1832497 CAPITAL PARTNERS FOR EDUCATION, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CAPITAL PARTNERS FOR EDUCATION, INC.

Employer identification number 52-1832497

Schedule D (Form 990) 2020

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of 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	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.	(
Pai	TIII Organizations Maintaining Collections o		iner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	· ·	•
	service, provide in Part XIII the text of the footnote to its finar		
b	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 furth	erance 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 tre-		gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		·
h	Assets included in Form 990, Part X		▶ \$

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Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Othe	r Similar <i>i</i>	Asse ⁻	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following tha	ıt make si	gnificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	the organizati	on's exen	npt purpose	in Part	XIII.	
5	During the year, did the organization solicit or				•				7	
	to be sold to raise funds rather than to be ma								Yes	└── No
Pa	rt IV Escrow and Custodial Arrang reported an amount on Form 990, Par	-	ete if the	organizatio	on answered '	"Yes" on	Form 990, Pa	art IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not i	included			
	on Form 990, Part X?							\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year						. 1e			
f	Ending balance						1f		_	
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for (escrow or c	ustodial acco	unt liabili	ty?	L	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.									
Pa	rt V Endowment Funds. Complete if	the organization an	swered	"Yes" on F	orm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three years	s back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for th	e organizatio	on	_	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?	·				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pa	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a.	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr			t or other (other)	` '	cumulated reciation		(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			5	0,491.		49,762	•		729.
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c.)		>			729.

Schedule D (Form 990) 2020

	INERS FOR EDU	CATION, INC. 52	2-1832497 _{Page} :
Part VII Investments - Other Securities.	F 000 D+ IV II	44h 0 - 5 000 Bart V Bar 40	
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1) Financial derivatives	(b) Book value	(e) method of valuations cost of cit	a or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	
	F 000 D+ IV II	44 446 O Faura 000 Bart V Bara 0	-
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, line	The or Tit. See Form 990, Part X, line 2	(b) Book value
<u> </u>			(b) BOOK Value
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			+
(5) (6)			
<u>(6)</u>			+

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2020

(8)

Sched	dule D (Form 990) 2020 CAPITAL PARTNERS FOR EDUC	CATION,	INC.	52-	1832497	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	eturr	١.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,412,	701.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	221,346.			
b	Donated services and use of facilities	2b	50,000.			
С	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	271,	
3	Subtract line 2e from line 1			3	2,141,	355.
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	-7,633.			
С	Add lines 4a and 4b			4c		633.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,133,	722.
Par	t XII Reconciliation of Expenses per Audited Financial State	ements Witl	n Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.				
1	Total expenses and losses per audited financial statements			1	2,906,	918.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	50,000.			
	Prior year adjustments					
	Other losses					
d	Other (Describe in Part XIII.)		7,633.			
	Add lines 2a through 2d	' <u>-</u>		2e	57,	633.
3	Subtract line 2e from line 1			3	2,849,	285.
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				
	Other (Describe in Part XIII.)					
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	2,849,	285.
	t XIII Supplemental Information.					
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part λ	(Ι,
ines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional inforr	mation.			
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:					
DIR	ECT EXPENSES REPORTED ON FORM 990, PART	VIII, L	INE 8B		-7,	633.
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:					
DIR	ECT EXPENSES REPORTED ON FORM 990, PART	VIII, L	INE 8B		7,	633.
			· · · · · · · · · · · · · · · · · · ·			
			· · · · · · · · · · · · · · · · · · ·			
		-				· · · · ·

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CAPITAL PARTNERS FOR EDUCATION, INC.

Employer identification number

Schedule G (Form 990 or 990-EZ) 2020

CAPITAL	PARTNERS FOR EDUC	AT.T	ON,	INC.	52-1832	497
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 Indicate whether the organization rais a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the 10 highest paid individent compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual tart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
⁻ otal			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020 CAPITAL PARTNERS FOR EDUCATION, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events NONE (add col. (a) through ANNUAL GALA col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 144,210 144,210. 143,260 143,260. 2 Less: Contributions 950. 950. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 950. 950. 7 Food and beverages 6,100. 6,100. 8 Entertainment 9 Other direct expenses 583. 583. 7,633. 10 Direct expense summary. Add lines 4 through 9 in column (d) -6,683. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 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? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2020

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sch	nedule G (Form 990 or 990-EZ) 2020 CAPITAL PARTNERS FOR EDUCATION, INC. 52-1	<u> 832497</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
		13a	%
	a The organization's facility	13b	
	An outside facility	ISD	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
	of "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
10			
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	i (Form 990 or 990-EZ)	CAPITAL	PARTNERS	FOR	EDUCATION,	INC.	52-1832497	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	rmation (continu	ued)					
-								
				<u> </u>				
							<u> </u>	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	Employer identification number $52-1832497$							
Part I	General Information on Grants a	nd Assistance						
cri	nes the organization maintain records teria used to award the grants or assisterible in Part IV the organization's pro-	stance?						
Part II						anization answered "\	Yes" on Form 990. Par	t IV. line 21, for any
	recipient that received more than							, <u>.</u> . ,
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	ter total number of section 501(c)(3) a							>

Schedule I (Form 990) 2020 CAPITAL PARTNER	52-1832497	Page :				
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	assistance
SCHOLARSHIPS TO AMERICAN UNIVERSITY ON BEHALF OF SELECTED STUDENTS ATTENDING THE SCHOOL	1	1,000.	0.			
BELLECIED STODENTS ATTENDING THE SCHOOL		1,000.	0.			
SCHOLARSHIPS TO CATHOLIC UNIVERSITY OF AMERICA ON						
BEHALF OF SELECTED STUDENTS ATTENDING THE SCHOOL	1	1,000.	0.			
SCHOLARSHIPS TO DILLARD UNIVERSITY ON BEHALF OF						
SELECTED STUDENTS ATTENDING THE SCHOOL	1	1,000.	0.			
SCHOLARSHIPS TO DUKE UNIVERSITY ON BEHALF OF SELECTED STUDENTS ATTENDING THE SCHOOL	1	1,000.	0.			
SCHOLARSHIPS TO FLORIDA A&M UNIVERSITY ON BEHALF						
OF SELECTED STUDENTS ATTENDING THE SCHOOL	2	2,000.	0.			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.		
PART I, LINE 2:						

SCHOLARSHIPS FOR TUITION AWARDED TO SELECTED HIGH SCHOOL STUDENTS ARE PAID DIRECTLY TO THE SCHOOLS AND THE STUDENTS' ACADEMIC PERFORMANCE IS MONITORED BY CPE'S STAFF. SCHOLARSHIPS AWARDED ARE LESS THAN \$5,000 PER STUDENT.

36

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
SCHOLARSHIPS TO GEORGE MASON UNIVERSITY ON BEHALF								
OF SELECTED STUDENTS ATTENDING THE SCHOOL	1.	1,000.	0.					
SCHOLARSHIPS TO MARYMOUNT UNIVERSITY ON BEHALF OF SELECTED STUDENTS ATTENDING THE SCHOOL	1.	1,000.	0.					
SCHOLARSHIPS TO MONTGOMERY COLLEGE ON BEHALF OF SELECTED STUDENTS ATTENDING THE SCHOOL	4.	3,500.	0.					
SCHOLARSHIPS TO NORTH CAROLINA A&T UNIVERSITY ON BEHALF OF SELECTED STUDENTS ATTENDING THE SCHOOL	1.	1,000.	0.					
SCHOLARSHIPS TO OLD DOMINION UNIVERSITY ON BEHALF OF SELECTED STUDENTS ATTENDING THE SCHOOL	1,	1,000.	0.					
SCHOLARSHIPS TO PRINCE GEORGE'S COMMUNITY COLLEGE ON BEHALF OF SELECTED STUDENTS ATTENDING THE SCHOOL	2,	2,000.	0.					
SCHOLARSHIPS TO SHEPHERD UNIVERSITY ON BEHALF OF SELECTED STUDENTS ATTENDING THE SCHOOL	1,	1,000.	0.					
SCHOLARSHIPS TO TOWSON UNIVERSITY ON BEHALF OF SELECTED STUDENTS ATTENDING THE SCHOOL	1.	1,000.	0.					
SCHOLARSHIPS TO TRINITY WASHINGTON UNIVERSITY ON BEHALF OF SELECTED STUDENTS ATTENDING THE SCHOOL	5.	4,000.	0.					

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
SCHOLARSHIPS TO UDC COMMUNITY COLLEGE ON BEHALF OF SELECTED STUDENTS ATTENDING THE SCHOOL	2.	1,500.	0.						
SCHOLARSHIPS TO UNIVERSITY OF MARYLAND - COLLEGE PARK ON BEHALF OF SELECTED STUDENTS ATTENDING THE									
SCHOOL	2.	1,500.	0.						
OTHER EDUCATION ASSISTANCE TO COLLEGES ON BEHALF OF SELECTED STUDENTS ATTENDING EACH COLLEGE OR									
UNIVERSITY	0.	75,866.	0.						
			1	l .	ı				

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CAPITAL PARTNERS FOR EDUCATION, INC. **Employer identification number** 52-1832497

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		Х
a	The organization?	6a		X
a	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		21
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		-22
3	Regulations section 53.4958-6(c)?	9		
	negulations section 33.4330°0(c):	J		

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

Schedule J (Form 990) 2020

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(I)-(U)	reported as deferred on prior Form 990	
(1) KHARI BROWN	(i)	255,635.	0.	0.	10,941.	14,226.	280,802.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MARCUS BRAXTON	(i)	159,597.	0.	0.	7,110.	5,830.	172,537.	0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(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 BOARD APPROVES THE SALARY OF THE CHIEF EXECUTIVE OFFICER.										

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

CAPITAL PARTNERS FOR EDUCATION, INC. **Employer identification number** 52-1832497

FORM 990, PART VI, SECTION B, LINE 11B: COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C: AT EACH ANNUAL BOARD MEETING, THERE IS A DISCUSSION OF THE CONFLICT OF

INTEREST POLICY AND DISCLOSURE BY ALL MEMBERS OF THE BOARD OF POTENTIAL

CONFLICTS.

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

THE BOARD APPROVES THE SALARY OF THE CHIEF EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION PUBLISHES ITS FORM 990 ON WWW.GUIDESTAR.ORG.

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

THE ORGANIZATION PUBLISHES ANNUAL REPORTS ON ITS WEBSITE, WWW.CPFE.ORG, AS WELL AS UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE SELECTS THE INDEPENDENT AUDTIOR AND ASSUMES

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.

FORM 990, PART I, LINE 1

OUR MISSION IS TO SUPPORT STUDENTS IN THE ACADEMIC MIDDLE THROUGH HIGH

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CAPITAL PARTNERS FOR EDUCATION, INC.	Employer identification number 52-1832497
SCHOOL AND COLLEGE, SO THEY CAN GRADUATE WITH THE SKILLS	AND
EXPERIENCES NEEDED TO THRIVE IN SUSTAINABLE CAREERS.	