efil	e GR	APHIC print - DO NOT PROCESS As Filed Data -		DLN	1: 93493042007733
	99	Return of Organization Exempt From	Income ⁻	Гах	OMBNo 1545-0047
Form	33	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenu benefit trust or private foundation)	e Code (excep	t black lung	2011
•	ent of the Revenue	Streasury Service ► The organization may have to use a copy of this return to satisfy structure	state reporting	requirement	Open to Public Inspection
		2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-201 C Name of organization	2	D Employer	identification number
	eck if ap ress ch	CENTER FOR COLLABORATIVE		04-3241	
	ne char	Doing Business As		E Telephone	
	ial retur			(617)42	1-0134
	minated	Number and street (of P O box in mains not delivered to street address) Room/si	lite	G Gross receip	pts \$ 3,275,552
	ended r	return City or town, state or country, and ZIP + 4			
┌ App	lication	BOSTON, MA 02111 pending			
		F Name and address of principal officer	H(a) Is th	I s a group ret	urn for
		JOE DELLO RUSSO 33 HARRISION AVENUE 6TH FLOOR	affilia	tes?	🔽 Yes 🔽 No
		BOSTON, MA 02111	H(b) Are al	l affiliates incl	luded? 🔽 Yes 🔽 No
т Та	-evem	pt status ▼ 501(c)(3)		-	st (see instructions)
			H(c) Grou	p exemption	number 🕨
		WWW CCEBOS ORG			
		anization 🔽 Corporation 🗍 Trust 🦷 Association 🗍 Other 🍉	L Year of fo	rmation 1994	M State of legal domicile MA
Ра	rt I	Summary Briefly describe the organization's mission or most significant activities			
Activities & Governance	<u> </u> - -	PROFESSIONAL DEVELOPMENT, AND NETWORKING OPPORTUNITIES FO			
Ě		Check this box I if the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a)		5% of its net	
Act		Number of independent voting members of the governing body (Part VI, line 1b)			
	5 T	Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	5 71
		Fotal number of volunteers (estimate if necessary)		6	i
		Fotal unrelated business revenue from Part VIII, column (C), line 12		7	
	br	Net unrelated business taxable income from Form 990-T, line 34	Brio	71 r Year	b Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,888,485	
ent	9	Program service revenue (Part VIII, line 2g)		1,650,250	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,937	3,582
Ċ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,293	970
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lin 12)	e	3,550,965	3,275,552
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		57,000	46,500
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,107,785	1,881,988
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0
Ĵ.	b	Total fundraising expenses (Part IX, column (D), line 25)			
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,177,775	
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,342,560	
8 8 9 6 8	19	Revenue less expenses Subtract line 18 from line 12		208,405 g of Current ear	209,643 End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	· ·	3,036,345	3,165,833
et A Ind E	21	Total liabilities (Part X, line 26)		1,851,175	
	22	Net assets or fund balances Subtract line 21 from line 20		1,185,170	1,394,813
	t II	Signature Block			
	edge a	ties of perjury, I declare that I have examined this return, including acco and belief, it is true, correct, and complete. Declaration of preparer (othe			

Sign	Signature of officer					
Here	JOE DELLO RUSSO TREASURER					
	Type or print name and title					
Paid	Preparer's signature DENISE S ROY	Date 2013-01-23				
Preparer's Use Only	Firm's name (or yours ROY & RURAK LLC for self-employed),					
ose only	address, and ZIP + 4					
	· · · · · · · · · · · · · · · · · · ·					

NORTH ANDOVER, MA 01845 May the IRS discuss this return with the preparer shown above? (see instructio

Ch 1 Briefly de THE MISSION STUDENTS SU A POSITIVE C AND SUSTAIN UNDERSTAND EVERY STUDE DEVELOPMEN EDUCATORS 2 Did the or the prior F If "Yes," c 3 Did the or services? If "Yes," c 4 Describe expenses grants an 4 (Code DEVELOP A	atement of Program Service Accomplishments eck if Schedule O contains a response to any question in this Part III scribe the organization's mission OF THE CENTER FOR COLLABORATIVE EDUCATION (CCE) IS TO TRANSFORM SCHOOLS TO CCEED WE BELIEVE THAT SCHOOLS SHOULD PREPARE EVERY STUDENT TO ACHIEVE ACCONTRIBUTION TO A DEMOCRATIC SOCIETY CCE PARTNERS WITH PUBLIC SCHOOLS AND EFFECTIVE AND EQUITABLE SCHOOLS WE FULFILL THIS MISSION IN FOUR PRIMARY WAY NG WITH THE LARGE PUBLIC THAT INNOVATIVE SCHOOLS CAN INCREASE OPPORTUNIT TY 2 CREATING EFFECTIVE MODELS OF URBAN EDUCATION, DISTRICT REDESIGN, AND L CONDUCTING RESEARCH THAT DOCUMENTS SCHOOL PROGRESS AND STUDENT RESULT ganization undertake any significant program services during the year which were not listed on form 990 or 990-EZ? . ganization undertake any significant program services during the year which were not listed on form 990 or 990-EZ? . escribe these new services on Schedule O . ganization cease conducting, or make significant changes in how it conducts, any program the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to rep d allocations to others, the total expenses, and revenue, if any, for each program service reported) (Expenses \$ 2,733,790 including grants of \$ 46,500) (Revenue \$ <t< th=""><th>ADEMICALLY AND MAKE DISTRICTS TO CREATE (S 1 BUILDING Y AND JUSTICE FOR EADERSHIP OPPORTUNITIES FOR (S Yes Vo No Yes Vo , as measured by ort the amount of)</th></t<>	ADEMICALLY AND MAKE DISTRICTS TO CREATE (S 1 BUILDING Y AND JUSTICE FOR EADERSHIP OPPORTUNITIES FOR (S Yes Vo No Yes Vo , as measured by ort the amount of)
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4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
) (Expenses \$ 51,931 including grants of \$) (Revenue \$ COLLABORATIVE NETWORK AMONG ELEMENTARY, MIDDLE AND HIGH SCHOOLS COMMITTED TO QUALITY EDUCATION R TON AMONG TEACHERS, ADMINISTRATORS, PARENTS AND STUDENTS) EFORM AND TO BUILD
4d Other pr (Expens)
4e Total pro	ogram services(Describe in Schedule O) es \$ 51,931 including grants of \$)(Revenue \$	

Par	t IV Checklist of Required Schedules		Vac	Nic
1	Is the ergenization described in section E01(c)(2) or 4047(c)(1) (other than a private foundation)? If "Vec "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 🗐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
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		No
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? <i>If "Yes," complete Schedule C, Part III</i>	5		No
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part 1</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 😼	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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, line10? If "Yes," complete Schedule D, Part VI. 🕏	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 🕏	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 🕏	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 📆	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States? \ldots . \ldots	14a		No
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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		No
20a		20a		No
Ь	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Page **3**

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 😨	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> " <i>Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If</i> " <i>Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If</i> " <i>Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Dıd the organızatıon lıquıdate, termınate, or dıssolve and cease operatıons? <i>If "Yes," complete Schedule N,</i> Part I	31		No
32	DId the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form	990 (2011)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V	•	.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 110)		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ju	year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Зb		
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 or securities			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country	-		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. $$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
h	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
f	contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the aggregate amount of reserves on hand	-		
	13c			. .
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

– Form 990 (2	20)]	. 1	
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		L		Page 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 71 a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or chair O. See instructions. Check if Schedule O contains a response to any question in this Part VI			
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax vear			
b	year 1a 12 Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
ł	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
5	Did the organization have members or stockholders?	6		No
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		No
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		N	
a L	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
) 	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	venue Code.)		N	
A -		10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14 15	Did the organization have a written document retention and destruction policy?	14	Yes	
а	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed MA, CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website V upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ne orga	nızatıor	n 🕨
	CENTER FOR COLLABORATIVE EDUCATION INC	5 -		
	33 HARRISON AVE 6TH FLOOR BOSTON,MA 02111 (617) 421 0124			
	(617) 421-0134			

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🖵 Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e thai	n one son er ai	e bo is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organızatıons
(1) DANIEL FRENCH EXEC DIRECTO	40 00	x		х				123,594	0	8,980
(2) IRWIN BLUMER BOARD MEMBER	1 00	х						0	0	0
(3) BAK FUN WONG BOARD MEMBER	1 00	x						0	0	0
(4) DEB GOLDBERG BOARD MEMBER	1 50	x						0	0	0
(5) DEBORAH MEIER BOARD MEMBER	1 00	x						0	0	0
(6) JIM DARR PRESIDENT	2 00	x		х				0	0	0
(7) JOAN CONNOLLEY CLERK	1 00	x		х				0	0	0
(8) JOE DELLO RUSSO TREASURER	2 00	x		х				0	0	0
(9) LINDA NATHAN BOARD MEMBER	1 25	x						0	0	0
(10) PEGGY KEMP BOARD MEMBER	1 25	x						0	0	0
(11) TERRY HERNDON BOARD MEMBER	1 00	x						0	0	0
(12) JOHN CAWTHORNE BOARD MEMBER	75	x						0	0	0
(13) CATHLEEN FINN BOARD MEMBER	75	x						0	0	0

Form	990	(201	1)
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Na	(A) me and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		for	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
1b Sub-Tota											
	m continuation sheets								123,594		8,980
	Id lines 1b and 1c) . nber of individuals (incl	<u></u>							,		0,980

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

	or mann the organization of tax year		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) $100,000$ of compensation from the organization b	who received more than	

	Page 9 Pa										
Part	/		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
nts	1a	Federated campaigns 1a									
oura	Ь	Membership dues 1b									
Contributions, gitts, grants and other similar amounts	с	Fundraising events 1c									
iar İlar	d	Related organizations 1d									
ins, sim	e	Government grants (contributions) 1e 573,020									
er e	f	All other contributions, gifts, grants, and 1f 1,404,331 similar amounts not included above									
ee.	g	Noncash contributions included in lines 1a-1f \$									
	h	Ines 1a-1f \$ Total. Add lines 1a-1f	1,977,351								
		Business Code									
Program Service Revenue	2a	611710	1,293,649	1,293,649							
fe ve	Ь										
Ce F	с										
еr и	d										
Ē	e										
olra	f	All other program service revenue									
č	g	Total. Add lines 2a−2f	1,293,649								
	3	Investment income (including dividends, interest									
		and other similar amounts)	3,582			3,582					
	4 5	Royalties									
		(I) Real (II) Personal									
	6a	Gross rents									
	Ь	Less rental expenses									
	с	Rental Income or (loss)									
	d	Net rental income or (loss)									
		(I) Securities (II) Other									
	7a	Gross amount from sales of									
		assets other than inventory									
	Ь	Less cost or other basis and									
	c c	sales expenses Gain or (loss)	-								
	d	Net gain or (loss)									
a	8a	Gross income from fundraising events (not including									
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18									
ле Т	<u> </u>	a									
Ť	b c	Less direct expenses b Net income or (loss) from fundraising events b	4								
·	9a	Gross income from gaming activities									
		See Part IV, line 19									
	L .										
	b c	Less direct expenses b Net income or (loss) from gaming activities	-								
		Gross sales of inventory, less returns and allowances									
	_	a									
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory b	4								
		Miscellaneous Revenue Business Code									
	11a	EDUCATIONAL MATERIALS	970	970							
	Ь										
	с										
	d	All other revenue									
	e	Total. Add lines 11a-11d	970								
	12	Total revenue. See Instructions		1 204 642		2.502					
			3,275,552	1,294,619		3,582 Form 990 (2011)					

	990 (2011)				Page 10
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to co heck if Schedule O contains a response to any question in this Part IX	mplete column		_	
Do ne	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	46,500	46,500		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees	129,827	51,931	25,965	51,931
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,536,363	1,402,437	112,484	21,442
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	78,704	68,698	6,540	3,466
10	Payroll taxes	137,094	120,392	11,415	5,287
11	Fees for services (non-employees)				
а	Management				
b	Legal				
с	Accounting	31,944	28,512	2,746	686
d	Lobbying				
е	Professional fundraising See Part IV, line 17 .				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	109,943	98,131	9,450	2,362
17	Travel	70,332	64,287	6,045	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			ļ ļ	
21	Payments to affiliates			ļ ļ	
22	Depreciation, depletion, and amortization	27,233	24,305	2,342	586
23	Insurance			ļ ļ	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	CONSULTING	425,025	425,025		
b	HONORARIA/STIPENDS/SUBS	315,232	315,232		
с	MEALS AND ENTERTAINMENT	43,098	38,468	3,704	926
d	EQUIPMENT LEASE	22,203	19,818	1,908	477
е					
f	All other expenses	92,411	81,985	8,667	1,759
25	Total functional expenses. Add lines 1 through 24f	3,065,909	2,785,721	191,266	88,922
26	Joint costs. Check here ► ┌ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				
				Fo	rm 990 (2011)

Part X Balance Sheet

					I		
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			<u> </u>	1	
	2	Savings and temporary cash investments			1,094,912	2	2,006,141
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		1,655,932	4	875,575	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	oyees, and				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of					
		Schedule L				6	
Assets	7	Notes and loans receivable, net			7		
SS	8	Inventories for sale or use			8		
A	9	Prepaid expenses and deferred charges		5,395	9	12,978	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	390,597			
	Ь	Less accumulated depreciation	10b	119,458	280,106	10c	271,139
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,036,345	16	3,165,833
	17	Accounts payable and accrued expenses .			13,762	17	64,077
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
10	21	Escrow or custodial account liability Complete Part IV of Schedule		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ide		persons Complete Part II of Schedule L			22		
Lik	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part	d thırd par	ties,			
		D			1,837,413	25	1,706,943
	26	Total liabilities. Add lines 17 through 25			1,851,175	26	1,771,020
ces		Organizations that follow SFAS 117, check here ► 🔽 and complet through 29, and lines 33 and 34.	ete lines 2	7			
an	27	Unrestricted net assets			1,046,708	27	1,049,323
Ba	28	Temporarily restricted net assets			138,462	28	345,490
P	29	Permanently restricted net assets				29	
Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ►	l complete				
20	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building or equipment fund .		•		31	
AS:	32	Retained earnings, endowment, accumulated income, or other fun	ids			32	
Net	33	Total net assets or fund balances			1,185,170	33	1,394,813
Z	34	Total liabilities and net assets/fund balances			3,036,345	34	3,165,833
						• I	Form 990 (2011)

Form	990	(201)	1)

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,2	275,552
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,0	65,909
3	Revenue less expenses Subtract line 2 from line 1	3		2	209,643
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,1	.85,170
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,3	394,813
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash 🔽 Accrual Cother 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? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
С	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, 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 is Schedule O		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	Зb		

efi	efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493042007733										
		OULE A		Public C	Charity S	Status a	nd Publi	c Suppo	ort	ОМВ	No 1545-0047
Departr	nent of th	ne Treasury		Complete if the o	-		01(c)(3) org charitable tru		a section		ZUII pen to Public
	Revenue	e Service		🕨 Attach to I	Form 990 or F	Form 990-EZ	. 🕨 See sepa	rate instruct			Inspection
CENT		ne organiza COLLABORA INC							Employer	r identification	n number
Pa	rt I	Reaso	n for PL	blic Charity Sta	tus (All ord	anizations	must com	plete this p			
		-		te foundation becaus		-					
1	Γ	A church	, convent	ion of churches, or a	ssociation of	churches s	ection 170(b)(1)(A)(i).			
2	Γ	A school	describe	d in section 170(b)(1	l)(A)(ii). (At	tach Schedu	ıle E)				
3	Γ	A hospit	alora coc	operative hospital se	rvice organiz	ation descri	bed in sectio	on 170(b)(1)	(A)(iii).		
4	Г			h organızatıon opera ity, and state	ted in conjun	ction with a	hospıtal des	cribed in sec	tion 170(b)	9 (1)(A)(iii). E	nter the
5	Г	-	-		-	e or universit	y owned or o	perated by a	governmei	ntal unit desci	ribed in
 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). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 											
7	Г	describe	d ın			al part of its	support from	a governme	ntal unit or	from the gene	ral public
8	Г					A)(vi) (Con	nplete Part II	[)			
								, and gross			
		receipts	from activ	vities related to its es	xempt function	ons—subject	t to certain e	xceptions, a	nd (2) no m	ore than 331/	3% of
its support from gross investment inc				me and unrel	lated busine	ss taxable ın	icome (less s	ection 511	L tax) from bu	sinesses	
			ganızatıon after June	30,1975 S	ee section 5	609(a)(2). (C	omplete Par	tIII)			
10	Γ	An orgar	ization or	ganized and operated	d exclusively	to test for p	oublic safety	See section	509(a)(4).		
11	Г	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).									
e	Г	other tha	-	ox, I certify that the ion managers and ot	-						
f g		check th	ıs box	received a written d						III supportin	ig organization,
-		following	persons?								
				irectly or indirectly c				persons des	cribed in (ii		Yes No
				governing body of th er of a person descri			ition ²			11g(11g(
				lled entity of a perso			hove?			11g(
h				ng information about						(,
	(i) Name suppo rganız	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organizati col (i) list your gove docume	on in ced in rning	(v)(vi)Did you notify the organization in col (i) of your support?Is the organization in col (i) organized in the U S ?				
				(see Instructions))	Yes	No	Yes	No	Yes	No	
											+
Tota	I										
				•	•	•	•	•	•		•

Sch	edule A (Form 990 or 990-EZ) 2011						Page 2
	Part II Support Schedule (Complete only if you under Part III. If the	ou checked the	box on line 5,	7, or 8 of Part	I or if the organ	nization failed t	o qualify
S	ection A. Public Support	2 organization				euse complete	rute iii.
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included or	1					
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7						
12	through 10) Gross receipts from related activiti	es, etc (See inst	tructions)	1	1	12	I
13	First Five Years If the Form 990 is			l third fourth or	fifth tay year ac a		
15	check this box and stop here		ion s mst, second	i, tinia, ioartii, or		501(c)(5) organ	
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public Support Percentage for 201	1 (lıne 6 column	(f) divided by line	11 column (f))		14	
15	Public Support Percentage for 201) Schedule A, Pa	art II, line 14			15	
16a	33 1/3% support test—2011. If the				l line 14 is 33 1/3%	% or more, check	
b	and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organizatio	organization did	not check the bo	x on line 13 or 1	6a, and line 15 is	33 1/3% or more	₽, check this ■
17a	10%-facts-and-circumstances test is 10% or more, and if the organization medorganization medorganization	— 2011. If the org tion meets the "f	anization did not facts and circums	check a box on l tances" test, ch	eck this box and s	top here. Explain	
Ь	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nization meets th	e "facts and circu	umstances" test,	, check this box ar	nd stop here.	. ,
18	supported organization Private Foundation If the organizat instructions						″►Γ ►Γ
	macrucciona						er 1

Sche	dule A (Form 990 or 990-EZ) 2011							Page 3
Pa	ITT III Support Schedule (Complete only if yo	u checked the	box on line 9 of	f Part I or ıf th	e organization			
	Part II. If the organi ction A. Public Support	zation fails to q	uality under the	e tests listed b	elow, please co	mpiete	Part II.))
	ndar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
	in)	(a) 2007	(b) 2000	(0) 2003	(4) 2010	(e) 2		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,897,950	2,823,669	2,044,664	4 1,888,485	1	,977,351	10,632,119
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	2,000,17	3 1,242,754	1,017,52	8 1,654,543	1	,294,619	7,209,617
3	Gross receipts from activities that are not an unrelated trade or							
_	business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	3,898,123	3 4,066,423	3,062,192	2 3,543,028	3	,271,970	17,841,736
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
с	Add lines 7a and 7b							
8	Public Support (Subtract line 7 c from line 6)							17,841,736
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20)11	(f) Total
9	Amounts from line 6	3,898,123	4,066,423	3,062,192	3,543,028	3	,271,970	17,841,736
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	60,418	42,272	11,821	7,937		3,582	126,030
b	sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с	Add lines 10a and 10b	60,418	42,272	11,821	7,937		3,582	126,030
11	Net income from unrelated							
	business activities not included in line 10b, whether or not the business is regularly carried on							
12	O ther income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support (Add lines 9, 10c, 11 and 12)	3,958,541	4,108,695	3,074,013	3,550,965	3	,275,552	17,967,766
14	First Five Years If the Form 990 is check this box and stop here	for the organızatı	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) organı	zation, ►
Se 15	ction C. Computation of Pub Public Support Percentage for 201			1.2 column (f))		45		
						15	 	99 300 %
16	Public support percentage from 20					16		98 900 %
	ction D. Computation of Inv				(6))			
17	Investment income percentage for				n (f))	17	ļ	1 000 %
18	Investment income percentage from					18		1 000 %
19a b	33 1/3% support tests—2011. If th more than 33 1/3%, check this box 33 1/3% support tests—2010. If th 18 is not more than 33 1/3%, chec	and stop here. T e organization die	he organızatıon qı 1 not check a box	ualıfıes as a pub on lıne 14 or lın	licly supported or e 19a, and line 10	ganızatıoı 5 is more	n than 33	▶ √ 1/3% and line_
20	Private Foundation If the organizat							▶

Part IV Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -			DLN: 934	930420	07733		
SCHEDULE D					ОМВ	No 154	5-0047		
Form 990)	Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,						2011		
epartment of the Treasury ttemal Revenue Service	Part IV, line 6, 7	-	11d, 11e, 11f, 12a, or 12	•		en to P Inspect			
Name of the organiz CENTER FOR COLLABOR EDUCATION INC				_	loyer ident if icat i 3241676	on numbe	er		
	izations Maintaining Dono ation answered "Yes" to Forn			unds	or Accounts.	Complet	e if the		
organiz	auon answered tes to form		r advised funds	((b) Funds and oth	eraccou	nts		
1 Total number at	t end of year								
2 Aggregate cont	rıbutıons to (durıng year)								
Aggregate gran	ts from (during year)								
Aggregate value	e at end of year								
2	ation inform all donors and donor rganization's property, subject to	5		or advı	sed	∏ Yes	I∕ No		
used only for cl	ation inform all grantees, donors, haritable purposes and not for the ermissible private benefit					∏ Yes	V No		
Part II Consei	r vation Easements. Compl	ete if the organizat	ion answered "Yes" to	o Form	n 990, Part IV,	lıne 7.			
 Preservation Protection Preservation 	onservation easements held by th on of land for public use (e g , rec of natural habitat on of open space 2a-2d if the organization held a v	reation or pleasure)	☐ Preservation of an ☐ Preservation of a c	certified	d historic structu		a		
	he last day of the tax year	444							
	_				Held at the E	nd of the	Year		
-	f conservation easements			2a					
	estricted by conservation easem			2b					
-	servation easements on a certified		. ,	2c					
	servation easements included in (· L	2d					
	servation easements modified, tra ir ►	insferred, released, ex	tinguisned, or terminate	a by th	e organization di	iring			
Number of state	es where property subject to cons	ervation easement is	located 🕨						
	ization have a written policy rega the conservation easements it he		ntoring, inspection, hand	dling of	violations, and	∏ Yes	I No		
Staff and voluni	teer hours devoted to monitoring,	inspecting and enforc	ing conservation easem	ents du	uring the year 🕨				
A mount of expe	enses incurred in monitoring, insp	ecting, and enforcing	conservation easements	s during	g the year				
	servation easement reported on li and 170(h)(4)(B)(II)?	ine 2(d) above satisfy	the requirements of sec	tion		∏ Yes	✓ No		
balance sheet,	scribe how the organization repor and include, if applicable, the tex n's accounting for conservation ea	t of the footnote to the							
art III Örgani	zations Maintaining Collecter of the organization answer	ctions of Art, Hist		or Otł	her Similar A	ssets.			
art, historical ti	tion elected, as permitted under S reasures, or other similar assets : XIV , the text of the footnote to it	held for public exhibiti	on, education or researd	ch in fu			2,		
historical treas	tion elected, as permitted under S ures, or other similar assets held owing amounts relating to these if	for public exhibition,							
(i) Revenues ir	ncluded in Form 990, Part VIII, li	ne 1			►\$				
(ii) Assets Incl	uded in Form 990, Part X				►\$				
If the organizat	non received or held works of art, nts required to be reported under			or finan					
a Revenues inclu	ded in Form 990, Part VIII, line :	L			►\$				
b Assets include	d ın Form 990, Part X				►\$				

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011											Page 2
Par	Organizations Maintaining Co	llections of Art	, Hist	ori	cal Tre	asur	es, or C)the	r Similar	Asse	ts (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of the	e foll	owing th	at are	a sıgnıfic	ant u	se of its co	llectior	ı	
а	Public exhibition		d	Γ	Loan or	exch	ange prog	rams				
b	✓ Scholarly research		e	Г	Other							
с	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın how	they	/ further	the or	ganızatıoı	n's ex	empt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as	part of	the	organiza	ation's	collectio	n?			Yes	I No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	ed "Y	'es" to For	m 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lan or other interme	ediary f	or c	ontrıbutı	ons or	r other ass	sets	not	Г	Yes	✓ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	followir	ng ta	able		-					
							ļ			Amou	Int	
С	Beginning balance						ļ	1c				
d	Additions during the year							1d				
e	Distributions during the year						Ļ	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?								Yes	I No
b	If "Yes," explain the arrangement in Part XIV	1										
Ра	rt V Endowment Funds. Complete											
4-		(a)Current Year	(b) P	rior `	/ear	(c)Two	Years Back	(d)	Three Years E	Back (e) Four Y	ears Back
1a ⊾	Beginning of year balance							-				
b	Contributions											
c d	Grants or scholarships											
u e	Other expenditures for facilities							+				
C	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
с	Term endowment 🕨											
3a	Are there endowment funds not in the posse	ssion of the organiza	atıon th	nat a	are held a	and ad	Iministere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations		• •	•	• •	• •		•	• • •	3a(i)		No No
b	(ii) related organizations							•		3a(ii) 3b		
4	Describe in Part XIV the intended uses of th	•				• •		•	• • •	50		
	't VI Land, Buildings, and Equipme).						
	Description of property			(a	i) Cost or o sis (investi	other	(b) Cost or basis (oth		(c) Accumi deprecia		(d) Bo	ook value
1a	Land			L								
b	Buildings											
с	Leasehold improvements											
d	Equipment											

390,597

>

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

. . .

. . . .

e Other .

. .

Schedule D (Form 990) 201	1

271,139

271,139

119,458

Schedule D (Form 990) 2011

Part VII Investments-Other Securities. Securities	e Form 990, Part X, line 12.		
(a) Description of security or category	(b)Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. S			d of voluction
(a) Description of investment type	(b) Book value		od of valuation f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Desc	ription		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part	X, line 25.		
Part XOther Liabilities.See Form 990, Part1(a) Description of Liability	X, line 25.		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes	X, line 25.		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes AGENCY OBLIGATIONS	X, line 25. (b) Amount		
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes AGENCY OBLIGATIONS ACCRUED PAYROLL & TAXES	X, line 25. (b) Amount 1,417,851	<u> </u>	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes AGENCY OBLIGATIONS	X, line 25. (b) Amount 1,417,851	<u> </u>	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes AGENCY OBLIGATIONS ACCRUED PAYROLL & TAXES	X, line 25. (b) Amount 1,417,851	<u></u>	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes AGENCY OBLIGATIONS ACCRUED PAYROLL & TAXES	X, line 25. (b) Amount 1,417,851	<u> </u>	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes AGENCY OBLIGATIONS ACCRUED PAYROLL & TAXES	X, line 25. (b) Amount 1,417,851	<u> </u>	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes AGENCY OBLIGATIONS ACCRUED PAYROLL & TAXES	X, line 25. (b) Amount 1,417,851	<u> </u>	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes AGENCY OBLIGATIONS ACCRUED PAYROLL & TAXES	X, line 25. (b) Amount 1,417,851	<u> </u>	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes AGENCY OBLIGATIONS ACCRUED PAYROLL & TAXES	X, line 25. (b) Amount 1,417,851	<u> </u>	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes AGENCY OBLIGATIONS ACCRUED PAYROLL & TAXES ACCRUED PAYROLL & TAXES	X, line 25. (b) Amount 1,417,851	<u> </u>	
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability Federal Income Taxes AGENCY OBLIGATIONS ACCRUED PAYROLL & TAXES ACCRUED PAYROLL & TAXES	X, line 25. (b) Amount 1,417,851	<u> </u>	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Schedule D (Form 990) 2011 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 1 1 3.275.552 Total revenue (Form 990, Part VIII, column (A), line 12) 2 2 3,065,909 Total expenses (Form 990, Part IX, column (A), line 25) 3 209.643 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 Investment expenses 7 7 Prior period adjustments 8 8 Other (Describe in Part XIV) 9 9 Total adjustments (net) Add lines 4 - 8 209,643 10 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 3.275.552 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a а b Donated services and use of facilities 2b Recoveries of prior year grants 2c С d Other (Describe in Part XIV) 2d Add lines 2a through 2d е . . 2e Subtract line **2e** from line **1** . 3 3,275,552 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b . 4a а b 4b Add lines **4a** and **4b** С . . **4**c Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 3,275,552 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial 3,065,909 1 statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities 2a а Prior vear adjustments 2b b 2c Other losses С Other (Describe in Part XIV) 2d d e Add lines 2a through 2d 2e 3 3 3.065.909 . . Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 а Investment expenses not included on Form 990, Part VIII, line 7b . . 4a b 4b Add lines **4a** and **4b** 4c С Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18) 5 5 3,065,909 Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -					DLN: 93493042007733
Schedule I (Form 990)		Grants and Of	bor Assistance	e to Organizati	one		OMB No 1545-0047
		Governments a		-	-		2011
Department of the Treasury	Co	mplete if the organizat	ion answered "Yes," to ► Attach to Form		e 21 or 22.		Open to Public Inspection
Internal Revenue Service Name of the organization CENTER FOR COLLABORATI						Employer ide	ntification number
EDUCATION INC						04-324167	6
Part IGeneral Inform1Does the organization mathematic selection criteria use2Describe in Part IV the organization	aintain records to subs ed to award the grants	stantiate the amount of or assistance?					. 「Yes 「N
Part II Grants and Ot Form 990, Part	her Assistance to IV, line 21 for any	• Governments and recipient that receive 0) if additional space	d Organizations in ed more than \$5,000	the United State). Check this box if i	no one recipient rece	eived more than \$	5,000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o non-cash assistan	
(1) BOSTON DAY AND EVENING ACADEMY20 KEARSARGE AVE ROXBURY,MA 02119	_		7,500				ESTABLISH DATA SYSTE
(2) ENGLISH HIGH SCHOOL144 MCBRIDE STREET JAMAICA PLAIN,MA 02130	_		7,500				ESTABLISH DATA SYSTE
(3) NEW MISSION SCHOOL 67 ALLEGHANY STREET ROXBURY,MA 02120	1		7,500				EDUCATIONAL TRAINING
2 Enter total number of sec3 Enter total number of oth							

Schedule I (Form 990) 2011

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier

Return Reference Explanation

Schedule I (Form 990) 2011

efile GRAPHIC print	t - DO NOT PROCESS	As Filed Data -		DLN: 93493042007733
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete to provi			OMB No 1545-0047 2011 Open to Public Inspection
Name of the organization CENTER FOR COLLABORATIVE EDUCATION INC			Employe	r identification number

04-3241676

ldentifier	Return Reference	Explanation
ORGANIZATIONS MISSION	FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF THE CENTER FOR COLLABORATIVE EDUCATION (CCE) IS TO TRANSFORM SCHOOLS TO ENSURE THAT ALL STUDENTS SUCCEED WE BELIEVE THAT SCHOOLS SHOULD PREPARE EVERY STUDENT TO ACHIEVE ACADEMICALLY AND MAKE A POSITIVE CONTRIBUTION TO A DEMOCRATIC SOCIETY CCE PARTNERS WITH PUBLIC SCHOOLS AND DISTRICTS TO CREATE AND SUSTAIN EFFECTIVE AND EQUITABLE SCHOOLS WE FULFILL THIS MISSION IN FOUR PRIMARY WAYS 1 BUILDING UNDERSTANDING WITH THE LARGE PUBLIC THAT INNOVATIVE SCHOOLS CAN INCREASE OPPORTUNITY AND JUSTICE FOR EVERY STUDENT 2 CREATING EFFECTIVE MODELS OF URBAN EDUCATION, DISTRICT REDESIGN, AND LEADERSHIP DEVELOPMENT 3 PROVIDING ONSITE COACHING, PROFESSIONAL DEVELOPMENT, AND NETWORKING OPPORTUNITIES FOR EDUCATORS 4 CONDUCTING RESEARCH THAT DOCUMENTS SCHOOL PROGRESS AND STUDENT RESULTS
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	DEVELOP A COLLABORATIVE NETWORK AMONG ELEMENTARY, MIDDLE AND HIGH SCHOOLS COMMITTED TO QUALITY EDUCATION REFORM AND TO BUILD COOPERATION AMONG TEACHERS, ADMINISTRATORS, PARENTS AND STUDENTS
ORGANIZATIONS PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE ORGANIZATION'S FORM 990 IS COMPILED FROM THE AUDITED FINANCIAL STATEMENTS BY A PREPARER AND REVIEWED BY THE TREASURER, COMPTROLLER AND EXECUTIVE DIRECTOR THE TREASURER THEN GIVES THE BOARD OF DIRECTORS AN OVERVIEW OF THE RETURN AND MAKES THE RETURN AVAILABLE FOR ALL DIRECTORS THE TREASURER AND EXECUTIVE DIRECTOR SIGN OFF ON THE RETURN FILING
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE GOVERNING BOARD ADDRESSES THE CONFLICT OF INTERST POLICY AND REMINDS THE BOARD OF THEIR RESPONSIBILITY TO BRING ANY SUCH CONFLICTS THE THE BOARDS ATTENTION AS SOON AS IT IS KNOWN FOR BOARD REVIEW
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE FULL BOARD MINUTES ARE KEPT ON THE PROCESS OTHER MANAGEMENT AND KEY EMPLOY EES ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND REVIEWED BY THE BOARD IN APPROVAL OF THE BUDGET THE ORGANIZATION USES PUBLISHED AREA COMPENSATION RANGES WHEN REVIEWING POSTIONS TO STAY COMPETITIVE IN THE AREA THE EXECUTIVE DIRECTOR MAKES THE FINAL DECISION ON ALL POSITIONS OTHER THAN HIS OWN
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	MANAGMENT AND KEY EMPLOYEES ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND REVIEWED BY THE BOARD IN APROVAL OF THE BUDGET THE ORGANIZATION USES PUBLISHED AREA COMPENSATION RANGES WHEN REVIEWING POSTIONS TO STAY COMPENDATIVE IN THE AREA THE EXECUTIVE DIRECTOR MAKES THE FINAL DECISION ON ALL POSITIONS OTHER THAN HIS OWN
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE PUBLIC CAN ALSO VIEW AT GUIDESTAR AND OFFICE OF PUBLIC CHARITIES

Software ID:

Software Version:

EIN: 04-3241676 Name: CENTER FOR COLLABORATIVE EDUCATION INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code

) (Expenses \$

51,931 including grants of \$

) (Revenue \$

١

DEVELOP A COLLABORATIVE NETWORK AMONG ELEMENTARY, MIDDLE AND HIGH SCHOOLS COMMITTED TO QUALITY EDUCATION REFORM AND TO BUILD COOPERATION AMONG TEACHERS, ADMINISTRATORS, PARENTS AND STUDENTS