### Form **990**

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection** 

	For the	2008 calend	ar year, c	or tax year b	peginning			, 2008,	and ending	9			,		
В	Check if a	applicable:	_	C Name of	organization						D Employ	er Iden	tificatio	n Number	
	Addr	ress change	Please use IRS label	THE CE	NTER FC	R EFFEC	TIVE PH	ILANT	HROPY,	INC.	04-	3523	3528		
	Nam	ne change	or print or type.			P.O. box if mail i					<b>E</b> Telepho	ne nun	nber		
	Initia	al return	See specific	675 MA	SSACHUS	ETTS AV	ENUE		700		(61	7) 4	192-	0800	
		mination	Instruc- tions.		n or country			State			,		_		
		ended return		CAMBRI	DGE			MA	02139-	3309	<b>G</b> Gross	receints	s 4 .	407 - 809	).
	=	lication pending	F Name a	and address of		er:				H(a) Is this	a group retur	n for af			-
			РАПП.Т. Н	EGGARTY 675	5 MASSACHUSI	ETTS AVEN C	MBRIDGE	: ма	A 02139-330	H(b) Are all	affiliates incl	luded?		Yes	No
<u> </u>	Tax-e	exempt status	_		)◀ (inse	T	4947(a)(1		527	If 'No,'	attach a list.	(see in	structio	ns) —	
J					, ,	IROPY.OR		, -		H(c) Group	exemption n	umber	▶		
K	Type of		X Corpora				ner ►	LY	ear of Formati					micile: MA	
Pa	, ,	Summa						ı							
	<b>1</b> B	Briefly describ		ganization's	mission or	most signific	cant activitie	s: TC	PROVII	DE DAT	'A AND	CRE	ATE	INSIG	HT
Φ	S	SO PHILA	NTHRO	PIC FUN	DERS CA	AN BETTE	R DEFIN	E, AS	SSESS,	AND I	MPROVE	THI	EIR		
Governance	E	EFFECTIV	ENESS	AND IM	PACT.										
Ë	_														
30		Check this box													
જ		Number of vot Number of ind										4	11 11		
ties		otal number										5	29		
Activities &		otal number										6	0		
Ac		otal gross un										7a			0.
	<b>b</b> N	Net unrelated	business	taxable inc	come from I	Form 990-T,	line 34					7b			
										P	rior Year			Current Y	ear
đ)	<b>8</b> C	Contributions	and gran	ts (Part VIII	I, line 1h) .					. 4	,668,3	77.		2,060	,032.
ň	<b>9</b> P	Program servi	ce reven	ue (Part VII	II, line 2g)					. 1	,399,2	32.		2,279	,048.
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)									58,9	75.		68	<u>,729.</u>	
Œ										1					
	<b>12</b> T	otal revenue	– add lii	nes 8 throu	gh 11 (mus	t equal Part	VIII, column	(A), line	e 12)	. 6	,126,5	84.		4,407	<u>,809.</u>
		Grants and sir													
		Benefits paid								1					
g	<b>15</b> S	Salaries, other	r comper	nsation, em	ployee bene	efits (Part IX	, column (A)	), lines 5	5-10)	. 1	,897,8	16.		2,964	<u>,301.</u>
nse	<b>16a</b> ₽	Professional fo	undraisin	ig fees (Par	t IX, colum	n (A), line 1	1e)								
Expenses	<b>b</b> ⊤	otal fundraisi	ng exper	nses (Part I	X, column (	(D), line 25)	<b></b>	11	3,274.						
ш	<b>17</b> C	Other expense	es (Part I	X, column (	(A), lines 11	ia-11d, 11f-2	24f)			. 1	,345,4	33.		1,638	,770.
	18 T	otal expense	s. Add Iir	nes 13-17 (r	must equal	Part IX, colu	ımn (A), line	25)		. 3	,243,2	49.		4,603	,071.
	<b>19</b> R	Revenue less	expense	s. Subtract	line 18 fron	n line 12				. 2	,883,3	35.		-195	,262.
Net Assets or Fund Balances										Begii	nning of Y	ear		End of Ye	ear
sets alan	<b>20</b> T	otal assets (F	Part X, lii	ne 16)							,962,5			5,539	,395.
t As	<b>21</b> T	otal liabilities	(Part X,	line 26)							197,1	84.		969	,259.
žΞ	<b>22</b> N	let assets or	fund bala	ances. Subt	ract line 21	from line 20	)			. 4	,765,3	98.		4,570	,136.
Pa	rt II	Signatu	re Bloc	k											
		Under penalties	of perjury,	I declare that	I have examine	ed this return, in ier than officer) i	cluding accompa	nying sch	edules and sta	tements, an	d to the best	of my l	knowled	ge and beliet	f, it is
			ia compicio	. Deciaration o	n preparer (our	ci tilali ollicci) i	3 basca on an n	normation	or willon prope	urci nas anj	, Knowicage.				
Sig	jn	P									5/04/0	19			
He	re	Signature o	of officer							Da	ite				
			J. HE nt name an	GGARTY						VP FI	NANCE	AND	ADM	INISTR	<u>ATION</u>
		Type or pin	iii iiaiile aii	u title.				-				In	roporor	c identifying	numbor
Pai	id								Date	Se	heck if elf-		see inst	s identifying ructions)	number
Pre		Preparer's signature	<b>•</b>						NE /00 /0		mployed <b>P</b>	Щ			
	rer's	-	-					•	05/08/0	9					
Üs	е	Firm's name (or yours if self-				& COMP	ANY, P.C	•							
On	ly	employed), address, and		MAIN ST	REET			0100	2		IN ►		0 \ 1	207 00	
N 4	, tha 10:	ZIP + 4		SFIELD	nores als s	m obs 2 /	MA	0198		Į P	hone no.	(97		387-22 Vac	
ivia)	/ trie iR:	S discuss this	s return \	with the pre	parer snow	n above? (se	ee mstructio	ΠS)					X	Yes	No

**3,650,969.** (Must equal Part IX, Line 25, column (B).)

) (Revenue \$

including grants of

(Expenses

\$

4e Total program service expenses ► \$

### 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	2	X	
2			Α	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
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 United States? <i>If</i> 'Yes,' complete Schedule F, Part II	15		х
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 United States? <i>If 'Yes,' complete Schedule F, Part III</i>	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II			Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		x
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		
c	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	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? If 'Yes,' complete Schedule L, Part I	25a		v
	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from			Х
	a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
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? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III			Х
BAA		Forn	n <b>990</b>	(2008

### Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively			
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х

**BAA** Form **990** (2008)

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1 a 11 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ...... 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c Х 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 **2b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ...... 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ..... 3a Х **b** If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O* ..... 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and 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 Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .... 5b Х c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? ..... 5c Х 6a Did the organization solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible?.....deductible? 7 Organizations that may receive deductible contributions under section 170(c). 7 a a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? ...... Х 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х d If 'Yes,' indicate the number of Forms 8282 filed during the year ..... e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е Х benefit contract? Х 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... **q** For all contributions of qualified intellectual property, did the organization file Form 8899 as required? ..... 7a h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? ... 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Х Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a X a Did the organization make any taxable distributions under section 4966? ..... **b** Did the organization make any distribution to a donor, donor advisor, or related person? ..... 9b Х 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 ..... 10 a 10b **b** Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders ..... 11 a

**b** If 'Yes.' enter the amount of tax-exempt interest received or accrued during the year ...... BAA Form 990 (2008)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .....

11b

12a

**b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Form 990 (2008) THE CENTER FOR EFFECTIVE PHILANTHROPY, INC. 04-3523528 Page

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec		3 , 3			
	For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, s, or changes in Schedule O. See instructions.		Yes	No
1	a Enter the	number of voting members of the governing body			
	<b>b</b> Enter the	number of voting members that are independent			
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business relationship with any other irector, trustee or key employee?	2		X
3	Did the o	rganization delegate control over management duties customarily performed by or under the direct supervision s, directors or trustees, or key employees to a management company or other person?	3		x
4		rganization make any significant changes to its organizational documents	4		Х
		prior Form 990 was filed?			
5		rganization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the	organization have members or stockholders?	6		X
7	<b>a</b> Does the governing	organization have members, stockholders, or other persons who may elect one or more members of the pody?	7a		
	<b>b</b> Are any (	decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the o	rganization contemporaneously document the meetings held or written actions undertaken during the year by ring:			
	<b>a</b> The gove	rning body?	8a	Χ	
	<b>b</b> Each cor	nmittee with authority to act on behalf of the governing body?	8b	X	
9	<b>a</b> Does the	organization have local chapters, branches, or affiliates?	9a		X
	<b>b</b> If 'Yes,' o and bran	loes the organization have written policies and procedures governing the activities of such chapters, affiliates, ches to ensure their operations are consistent with those of the organization?	9b		
10	Was a co	py of the Form 990 provided to the organization's governing body before it was filed? All organizations must in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
		any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	11		Х
Sed	ction B.	Policies			
		1 0110103			
		· one.es		Yes	No
12		organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Yes X	No
	<b>a</b> Does the		12a 12b	Х	No
	a Does the b Are office to conflic c Does the	organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> ers, directors or trustees, and key employees required to disclose annually interests that could give rise		Х	No
,	a Does the b Are office to conflic c Does the Schedule	organization have a written conflict of interest policy? If 'No,' go to line 13	12b	х	No
13	a Does the b Are office to conflic c Does the Schedule	organization have a written conflict of interest policy? If 'No,' go to line 13	12b 12c	X X X	No
13	a Does the b Are office to conflic c Does the Schedule Does the	organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	12b 12c 13	х х х	No
13 14 15	a Does the b Are office to conflic c Does the Schedule Does the Does the Did the p persons, a The orga	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that could give rise ts? organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official?	12b 12c 13	x x x x x	No
13 14 15	a Does the b Are office to conflic c Does the Schedule Does the Does the Did the p persons, a The orga	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that could give rise ts? organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision:	12b 12c 13 14	х х х х	No
13 14 15	a Does the b Are office to conflice c Does the Schedule Does the Does the Did the p persons, a The orga b Other off	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that could give rise ts? organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official?	12b 12c 13 14	x x x x x	No
13 14 15	a Does the b Are office to conflic c Does the Schedule Does the Did the p persons, a The orga b Other off Describe a Did the o	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that could give rise ts? organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in a O how this is done organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? ideers of key employees of the organization?	12b 12c 13 14	x x x x x	No
13 14 15	a Does the b Are office to conflice c Does the Does the Does the Did the p persons, a The orga b Other off Describe a Did the o entity du b If 'Yes,' I in joint vi	organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i> ers, directors or trustees, and key employees required to disclose annually interests that could give rise the conformal of the policy? <i>If 'Yes,' describe in to how this is done</i> organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in to how this is done</i> organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision:  nization's CEO, Executive Director, or top management official?  icers of key employees of the organization?  the process in Schedule O. (see instructions)  organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year?  ass the organization adopted a written policy or procedure requiring the organization to evaluate its participation reputure arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt	12b 12c 13 14 15a 15b 16a	x x x x x	
13 14 15	a Does the b Are office to conflice c Does the Schedule Does the Did the p persons, a The orga b Other off Describe a Did the o entity du b If 'Yes,' I in joint vi status wi	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that could give rise ts? organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? icers of key employees of the organization? the process in Schedule O. (see instructions) rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year? leas the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements?	12b 12c 13 14 15a 15b	x x x x x	
13 14 15	a Does the b Are office to conflic c Does the Schedule Does the Does the Did the p persons, a The orga b Other off Describe a Did the o entity du b If 'Yes,' h in joint v status wi ction C.	organization have a written conflict of interest policy? If 'No,' go to line 13 ers, directors or trustees, and key employees required to disclose annually interests that could give rise to? organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in organization have a written whistleblower policy? organization have a written document retention and destruction policy? rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision: nization's CEO, Executive Director, or top management official? incers of key employees of the organization? the process in Schedule O. (see instructions) reganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year?  interest or participation adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements?  Disclosures	12b 12c 13 14 15a 15b 16a	x x x x x	
13 14 15 16	a Does the b Are office to conflice c Does the Schedule Does the Does the Does the Does the Does the Did the p persons, a The orga b Other off Describe a Did the o entity du b If 'Yes,' I in joint v status wi ction C. List the s Section 6	organization have a written conflict of interest policy? If 'No,' go to line 13  ers, directors or trustees, and key employees required to disclose annually interests that could give rise to?  organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision:  nization's CEO, Executive Director, or top management official?  iciers of key employees of the organization?  the process in Schedule O. (see instructions)  roganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ing the year?  ass the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements?  Disclosures  tates with which a copy of this Form 990 is required to be filed   See States Form 990 Filed In  1004 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available forms 1024 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available forms 1024 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available forms 1024 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available forms 1025 or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available forms 1025 or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available forms 1025 or 1024 if applicable).	12b 12c 13 14 15a 15b 16a 16b	x x x x x	x
13 14 15 16	a Does the b Are office to conflice c Does the Schedule Does the Does the Does the Does the Did the p persons, a The orga b Other off Describe a Did the o entity du b If 'Yes,' I' in joint w status wi ction C. List the s Section 6 inspectio	organization have a written conflict of interest policy? If 'No,' go to line 13.  ers, directors or trustees, and key employees required to disclose annually interests that could give rise to 20 how this is done.  organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision:  nization's CEO, Executive Director, or top management official?  iccers of key employees of the organization?  the process in Schedule O. (see instructions)  rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year?  has the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements?  Disclosures  tates with which a copy of this Form 990 is required to be filed  See States Form 990 Filed In  1004 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available. Check all that apply.	12b 12c 13 14 15a 15b 16a 16b	x x x x x	x
13 14 15 16 17 18	a Does the b Are office to conflice c Does the Schedule Does the Does the Did the p persons, a The orga b Other off Describe a Did the o entity du b If 'Yes,' I in joint v status wi ction C.  List the s Section 6 inspectio X Own	organization have a written conflict of interest policy? If 'No,' go to line 13	12b 12c 13 14 15a 15b 16a 16b	X X X X X A	X
13 14 15 16 17 18	a Does the b Are office to conflice c Does the Schedule Does the Does the Did the p persons, a The orga b Other off Describe a Did the o entity du b If 'Yes,' I in joint v status wi ction C.  List the s Section 6 inspectio X Own Describe statemer	organization have a written conflict of interest policy? If 'No,' go to line 13  ers, directors or trustees, and key employees required to disclose annually interests that could give rise to?  organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in O how this is done  organization have a written whistleblower policy?  organization have a written document retention and destruction policy?  rocess for determining compensation of the following persons include a review and approval by independent comparability data, and contemporaneous substantiation of the deliberation and decision:  nization's CEO, Executive Director, or top management official?  icers of key employees of the organization?  the process in Schedule O. (see instructions)  rganization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable ring the year?  ass the organization adopted a written policy or procedure requiring the organization to evaluate its participation enture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt the respect to such arrangements?  Disclosures  tates with which a copy of this Form 990 is required to be filed  See States Form 990 Filed In  104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avain. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b 16a 16b	X X X X X for pub	X

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- 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 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) or 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.

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 the organization did no	1	ate ar	ny of			rector	, tru			<b>(F)</b>
(A)	(B) Average	Posi	tion (	) chack	•	hat app	hΔ	(D)	(E)	<b>(F)</b>
Name and Title	hours per week	or director			Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PHIL GIUDICE	_									
CHAIRMAN	2.00	Х						0.	0.	0.
MICHAEL BAILIN DIRECTOR	1.00	Х						0.	0.	0.
ALEXA CORTES CULWELL	_									
DIRECTOR	1.00	Х						0.	0.	0.
JOEL FLEISHMAN	-									
DIRECTOR	2.00	Х						0.	0.	0.
STEPHEN HEINTZ	_									
DIRECTOR	1.00	Х						0.	0.	0.
PATRICIA J. KOZU	-									
DIRECTOR	1.00	Х						0.	0.	0.
RICARDO A. MILLETT									_	
DIRECTOR	1.00	Х						0.	0.	0.
CRYSTAL HAYLING										•
DIRECTOR	1.00	Х						0.	0.	0.
JAMES KNICKMAN		.,						0		^
DIRECTOR	1.00	Х						0.	0.	0.
KATHLEEN MERCHANT	1 00	3.7						0	_	0
DIRECTOR NA DVA CHMAVONIAN	1.00	Х						0.	0.	0.
NADYA SHMAVONIAN	1.00	Х						0.	0.	0
DIRECTOR PHIL BUCHANAN	1.00	Λ						0.	0.	0.
PRESIDENT	40.00			Х	Х	Х		316,241.	0.	26,921.
ALYSE D'AMICO	40.00			Λ	Λ	Λ		310,241.		20, 321.
PROG., COM., & DEV. DIRECTOR	40 00			Х				86,412.	0.	21,802.
PAUL J. HEGGARTY	10.00							00,412.	· ·	21,002.
VP, FINANCE AND ADMIN.	40.00			Х	х	х		173,273.	0.	13,426.
LISA JACKSON	13.30							2,3,273.	<u> </u>	20, 120.
VP, RESEARCH	40.00			х	х	Х		180,131.	0.	10,045.
KEVIN BOLDUC	1								• • •	
VP, ASSESSMENT TOOLS	40.00			х	х	Х		170,697.	0.	13,909.
ELLIE BUTEAU								·		•
SR. RESEARCH OFFICER	40.00					Х		131,435.	0.	12,234.

**BAA** TEEA0107 04/24/09 Form **990** (2008)

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees											(cont	.)
(A)	(B)			(0	•			(D)	(E)		(F)	
Name and Title	Average hours		-		1	1		Reportable compensation from	Reportable compensation from		stimated unt of oth	
	per week	ndiví or dir	Institutional trustee	Officer	Key e	Highest compensatemployee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	con	pensation	on
		dual ector	ntion	14	employee	ist co oyee	ф			ai	anization d related	d
		trustee	al tru		уее	mpe				org	anization	S
		6	stee			nsate						
						ted						
TRAVIS MANZIONE												
MANAGER	40.00					Х		117,419.	0.		20,0	45.
VALERIE THRELFALL												
WEST COAST OFFICE DIRECTOR	40.00					Х		109,053.	0.		13,2	18.
	=											
1 b Total			<u> </u>	<u> </u>			<b></b>	1,284,661.	0.	1	31,6	0.0
2 Total number of individuals (including those in 1a) w								• •			<u> </u>	<del> </del>
organization ► 7							,	<b></b>				
											Yes	No
3 Did the organization list any former officer, director	or truste	e, k	ev e	mpl	ove	e, o	r hig	hest compensated	d employee			
on line 1a? If 'Yes,' complete Schedule J for such in	dividual									3		Х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th	ortable an \$150	com	pen	sation f 'Ye	on a	and o omr	othe	r compensation from Schedule I for Su	om ich			
individual										4	Х	
5 Did any person listed on line 1a receive or accrue co	mpensa	ation	fror	m ar	าу и	nrel	ated	l organization for s	services			
rendered to the organization? If 'Yes,' complete Sch	edule J	for s	such	per	rson					5		Х
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed inden	ende	ent d	cont	ract	ors	that	received more that	an \$100,000 of			
compensation from the organization.								I				
(A)								(B)	)	_ (	C)	
Name and business addres				147				Description		Compe		
research data technolo 10 CEDAR STREET WO	BURN			MA	0:	1801	-636	SURVEY VEN	DOK		97,1	<u> 51.</u>
_												
2 Total number of independent contractors (including t	hose in	1) w	/ho i	rece	ivec	l mo	re th	nan \$100,000 in				
compensation from the organization ► 1												

Pai	t VIII Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a   b Membership dues 1b   c Fundraising events 1c   d Related organizations 1d   e Government grants (contributions) 1e   f All other contributions, gifts, grants, and similar amounts not included above 1f 2,060,032.				
AND	g Noncash contribns included in Ins 1a-1f: \$	2 060 032			
ш	h Total. Add lines 1a-1f Business Code	2,060,032.			
VENU	2a ASSESSMENT TOOLS 541900	1,686,048.	1,686,048.	0.	0.
RE	b CONSULTING FEES 541610	583,000.	583,000.	0.	0.
VICE	c SPEAKING ENGAGEMENT FEES 541610	10,000.	10,000.	0.	0.
SER	d				
3AM	e				
og	f All other program service revenue				
<u>«</u>	g Total. Add lines 2a-2f	2,279,048.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li></ul>	68,729.	0.	0.	68,729.
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	<b>b</b> Less: rental expenses.				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory . (i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
NUE	8a Gross income from fundraising events (not including . \$				
OTHER REVENU	of contributions reported on line 1c).  See Part IV, line 18				
HE	<b>b</b> Less: direct expenses <b>b</b>				
6	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue  Business Code				
	11a				
	b				1
	c				
	<b>d</b> All other revenue				
	e Total. Add lines 11a-11d				
	<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,	4.407.809.	2.279.048.	0.	68.729.

Page 10

#### Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	3	(A)	(B)	(C)	(D)
Do not include am 6b, 7b, 8b, 9b, and	ounts reported on lines I 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
and organizat	ther assistance to governments in the U.S. See Part IV,				
grants and of	ther assistance to individuals in Part IV, line 22				
organizations	ther assistance to governments, , and individuals outside the t IV, lines 15 and 16				
	to or for members				
trustees, and	n of current officers, directors, key employees	926,754.	708,203.	192,054.	26,497.
disqualified p section 4958(	n not included above, to ersons (as defined under f)(1) and persons described in c)(3)(B)				
7 Other salaries	s and wages	1,597,522.	1,220,787.	331,061.	45,674.
401(k) and se	contributions (include section ection 403(b) employer	67,195.	51,349.	13,925.	1,921.
,	ee benefits	192,187.	146,864.	39,828.	5,495.
		180,643.	138,043.	37,435.	5,165.
	ices (non-employees)	100,040.	130,043.	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,103.
					<del></del>
		45,481.	38,203.	6,687.	591.
		30,792.	25,865.	4,526.	401.
		00,1020		-,	
	ng svcs. See Part IV, In 17				
	anagement fees				
		233,519.	196,221.	34,355.	2,943.
	nd promotion	1,450.	1,388.	31.	31.
13 Office expens	ses	89,296.	74,064.	13,552.	1,680.
	echnology	168,603.	138,620.	27,649.	2,334.
15 Royalties					
16 Occupancy		245,801.	197,257.	44,201.	4,343.
		207,327.	169,703.	29,089.	8,535.
expenses for	travel or entertainment any federal, state, or local s				
19 Conferences,	conventions, and meetings				
<b>20</b> Interest					
21 Payments to	affiliates				
22 Depreciation,	depletion, and amortization	76,584.	59 <b>,</b> 375.	15,902.	1,307.
		4,978.	3,859.	1,034.	85.
covered abov and labeled n 5% of total ex	es. Itemize expenses not e. (Expenses grouped together niscellaneous may not exceed kpenses shown on line 25				
a SURVEY_A	ADMINISTRATION	123,365.	118,365.	5,000.	0.
b_PRINTING	3	97,248.	94,815.	1,829.	604.
c MEALS		91,508.	74,430.	15,354.	1,724.
d_POSTAGE	AND DELIVERY	58,063.	53,252.	3,915.	896.
e <u>EQUIPMEN</u>	rental and maintenance	44,025.	34,353.	8,916.	756.
•	enses	120,730.	105,953.	12,485.	2,292.
	expenses. Add lines 1 through 24f	4,603,071.	3,650,969.	838,828.	113,274.
organization i costs from a	Check here  if following omplete this line only if the reported in column (B) joint combined educational diffundraising solicitation				Form <b>990</b> (2008)

BAA Form **990** (2008)

Pa	rt X	Balance Sheet					-		
					(A)		(B		
					Beginning of year		End of	year	
	1	Cash — non-interest-bearing				1			
	2	Savings and temporary cash investments			2,275,247.	2	3,29	1,8	79.
	3	Pledges and grants receivable, net			2,356,655.	3	1,31	8,7	28.
	4	Accounts receivable, net		<u>L</u>	187,485.	4	35	7,1	31.
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule	s, trustee	es, key employees,		5			
	_	Receivables from other disqualified persons (as define		<b>—</b>		3			
	6	and persons described in section 4958(c)(3)(B). Comp				6			
A	7	Notes and loans receivable, net		<del>+</del>		7			
A S E T	8	Inventories for sale or use		<del>-</del>		8			
Ţ	9	Prepaid expenses and deferred charges		<del> </del>	33,696.	9	1 3	2.4. 2	211.
5	_	Land, buildings, and equipment: cost basis		595,057.	33,090.	9	10	94,2	
		Less: accumulated depreciation. Complete Part VI of	IUa	393,037.					
		Schedule D	10h	157,611.	109,499.	10 c	43	27 /	146.
	11	Investments – publicly-traded securities			109,499.	11	7.3	,,,	40.
	12	Investments – other securities. See Part IV, line 11		f-		12			
	13	Investments – other securities. See Part IV, line 11		<del>-</del>		13			
	14	Intangible assets		†		14			
	15	Other assets. See Part IV, line 11		<del> </del>		15			
	16	Total assets. Add lines 1 through 15 (must equal line 3		<del>-</del>	4,962,582.	16	5,53	20 3	
_	17	Accounts payable and accrued expenses			141,134.	17			200.
	18	Grants payable		<del> </del>	111,131.	18	52	. , , _	
	19	Deferred revenue		<del> </del>	56,050.	19	64	12 - 0	59.
Ļ	20	Tax-exempt bond liabilities		†	30,030.	20	0.	2,0	<u> </u>
A B	21	Escrow account liability. Complete Part IV of Schedule		<del> </del>		21			
ı	22			<del></del>					
L I T		Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal discontinuous							
- 1		of Schedule L				22			
E S	23	Secured mortgages and notes payable to unrelated this				23			
	24	Unsecured notes and loans payable				24			
	25	Other liabilities. Complete Part X of Schedule D $\ldots$				25			
	26	Total liabilities. Add lines 17 through 25			197,184.	26	96	59 <b>,</b> 2	259.
N E T		Organizations that follow SFAS 117, check here ►	X and	complete lines					
		27 through 29 and lines 33 and 34.							
A S S	27	Unrestricted net assets			1,323,743.		1,73	•	
E T S	28	Temporarily restricted net assets		<del> </del>	3,441,655.	28	2,83	88,7	28.
	29	Permanently restricted net assets				29			
O R		Organizations that do not follow SFAS 117, check her	e ►	and complete					
F U N D		lines 30 through 34.							
	30	Capital stock or trust principal, or current funds		T T		30			
Ą	31	Paid-in or capital surplus, or land, building, and equip		<del> -</del>		31			
Ā	32	Retained earnings, endowment, accumulated income,		<del> -</del>	4 765 200	32	4 55		
BALANCES	33	Total net assets or fund balances.		<del>-</del>	4,765,398.	33	4,57		
_	34 rt XI	Total liabilities and net assets/fund balances			4,962,582.	34	5,53	59 <b>,</b> 3	95.
Pa	ιτι λι	Financial Statements and Reporting						V	
	۸۰	and the continue weather the contract the co	ما م م	<b>▼</b> Assumed □	Other			Yes	No
1		<u> </u>	ash		Other		20		v
		re the organization's financial statements compiled or r		- '			1 1	Х	X
		re the organization's financial statements audited by an					+	Λ	<u> </u>
	rev	Yes' to 2a or 2b, does the organization have a committe iew, or compilation of its financial statements and selec	tion of a	in independent accour	ntant?	۱۱۱, 	2c	Х	
	<b>a</b> As	a result of a federal award, was the organization requir	ed to un	dergo an audit or audi	its as set forth in the S	ingle			
	Au	dit Act and OMB Circular A-133?							X
<del></del>		Yes,' did the organization undergo the required audit or	audits?					000	(2000)
BA	4						⊢orm	220 (	(2008)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number THE CENTER FOR EFFECTIVE PHILANTHROPY, INC. 04-3523528 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 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.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 5 **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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 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 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 9 X June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that 11 describes the type of supporting organization and complete lines 11e through 11h. Type I Type II Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ... Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? ...... 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? ...... 11 g (iii) Provide the following information about the organizations the organization supports h (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (ii) EIN (v) Did you notify the organization in col. (i) of (i) Name of Supported Organization (vi) Is the organization in col. (i) organized in the U.S.? (iv) Is the (vii) Amount of Support rganization in col your support? governing document? Yes No Yes Yes Total

#### THE CENTER FOR EFFECTIVE PHILANTHROPY, INC. Schedule **A** (Form 990 or 990-EZ) 2008 04-3523528 Page 2 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.) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')... Tax revenues levied for the organization's benefit and either paid to it or expended The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge ..... Total. Add lines 1-3 ..... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total ا (beginning in **7** Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents. royalties and income form similar sources ..... Net income form unrelated business activities, whether or not the business is regularly carried on . . . . Other income. Do not include 10 gain or loss form the sale of capital assets (Explain in Part IV.) ........ Total support. Add lines 7 through 10 ..... 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) ....... 14 % 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f ...... % 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Schedule A (Form 990 or 990-EZ) 2008

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in)►	<b>(a)</b> 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	<b>(e)</b> 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	1 144 943	1 262 824	1 499 530	4 668 377	2 . 060 . 032	10 635 706
2	Gross receipts from		1,202,021	1,133,000	1,000,017		20,000,7001
	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	498,600.	634,186.	679 732	1 300 232	2 279 048	5,490,798.
3	Gross recipts from activities that are not an unrelated trade or business under section 513	490,000.	034,100.	079,732.	1,399,232.	2,213,040.	3,490,190.
	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						
	Total. Add lines 1-5	1,643,543.	1,897,010.	2,179,262.	6,067,609.	4,339,080.	16,126,504.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11,	0.	0.	<u></u>	0.	0.	0.
	and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line						
	7c from line 6.)						16,126,504.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🕨	<b>(a)</b> 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	<b>(e)</b> 2008	(f) Total
	Amounts from line 6	1,643,543.	1,897,010.	2,179,262.	6,067,609.	4,339,080.	16,126,504.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	7,210.	16,753.	31,617.	58,975.	68,729.	183,284.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		·				
	Add lines 10a and 10b	7,210.	16,753.	31,617.	58,975.	68 <b>,</b> 729.	183,284.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	136.	3,358.	0.	0.	0.	3,494.
	Total support. (add Ins 9, 10c, 11, and 12.)						16,313,282.
14	First five years. If the Form 990 i organization, check this box and	s for the organization here	tion's first, second	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)	) ▶□
	tion C. Computation of Pul						
	Public support percentage for 20			2 13, column (f))			98.86%
	Public support percentage from 2	•	•				99.06%
	tion D. Computation of Inv					1 - 3	
17	Investment income percentage for			by line 13, colum	nn (f))	17	1.12%
18	Investment income percentage fi	·	• •	-			0.89%
19 a	<b>33-1/3 support tests</b> – <b>2008.</b> If the more than 33-1/3%, check this be	e organization did	not check the bo	x on line 14, and	line 15 is more th	an 33-1/3%, and	line 17 is not
	33-1/3 support tests $-$ 2007. If the is not more than 33-1/3%, check	e organization did this box and <b>stop</b>	not check a box here. The organiz	on line 14 or 19a, zation qualifies as	and line 16 is mo a publicly suppor	re than 33-1/3%, ted organization	and line 18
20	Private foundation. If the organiz	zation did not ched	ck a box on line 14	4, 19a, or 19b, ch	eck this box and s	ee instructions .	

Schedule					E CENT	rer :	FOR	EFFE	CTIVE	PHIL	ANTHRO	PY,	INC.	04-3	5235	528		Page 4
Part IV	Suppl Part II	<b>emental</b> I, line 17	<b>Inform</b> a or 17	ation. 'b; or F	Compl Part III,	ete t , line	his p 12.	art to Provi	provide any	de the other	explana additio	ation nal ir	requi nforma	red by ation. (	Part (see i	II, line nstruc	10; tions)	
Other	Income	e Part	_ <u></u>	<u>Line</u>	12													
2004:	136.																	
2005:	<u>3358.</u>							· <b>_</b>				_ — — -						
2006:	<u>0</u> <u>.</u>																	
2007:	0																	
2008:	<u>0</u>																	
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#### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Employer Identification number THE CENTER FOR EFFECTIVE PHILANTHROPY, INC. 04-3523528 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year ..... Aggregate contributions to (during year) . . . . Aggregate grants from (during year) . . . . . . . . Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ..... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a a Total number of conservation easements ..... 2b c Number of conservation easements on a certified historic structure included in (a) ...... 2c 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2008

Part III   Organizations Maintai	ning Collec	tions of Art,	HISTORICA	i Treasures, or O	tner S	ımııar Asse	ts (cor	itinue	a)
3 Using the organization's accessio that apply):	n and other re	cords, check an	y of the foll	owing that are a sign	ificant u	se of its collec	tion item	ıs (ched	ck all
<b>a</b> Public exhibition		d	Loan or ex	change programs					
<b>b</b> Scholarly research		e	Other						
c Preservation for future genera	ations								
4 Provide a description of the organ Part XIV.	nization's colle	ctions and expla	in how they	y further the organiza	tion's ex	empt purpose	in		
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or reather than to b	eceive donations e maintained as	of art, his part of the	torical treasures, or o organization's collec	ther sim tion?	ilar	Yes	Γ	No
Part IV Trust, Escrow and Custly, line 9, or reported	stodial Arra an amount	ingements C	omplete i . Part X.	f organization an line 21.	swered	d 'Yes' to Fo	orm 99	0, Par	t
1a Is the organization an agent, trus	tee, custodian	or other interm	ediary for o	contributions or other	assets r	not			
included on Form 990, Part X? <b>b</b> If 'Yes,' explain the arrangement							Yes	L	No
• II 100, explain the arrangement	iii aic xii aii		onowing ta				Amount		
<b>c</b> Beginning balance									
<b>d</b> Additions during the year					. 1d				
e Distributions during the year					. 1e				
<b>f</b> Ending balance					. 1f				
2a Did the organization include an ar	mount on Form	n 990, Part X, Iir	ne 21?				Yes	L	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV.								
Part V Endowment Funds Cor	nplete if org	ganization an	swered '\	<u>res' to Form 990,</u>	Part I	V, line 10.			
	(a) Current y	rear (b)	Prior year	(c) Two years back	(d) 1	hree years back	(e) F	our years	back
1 a Beginning of year balance									
<b>b</b> Contributions									
c Investment earnings or losses									
<b>d</b> Grants or scholarships									
e Other expenditures for facilities and programs									
<b>f</b> Administrative expenses									
<b>g</b> End of year balance									
2 Provide the estimated percentage	e of the year e	nd balance held	as:						
a Board designated or quasi-endow	ment ►	ક							
<b>b</b> Permanent endowment ►	<del></del>								
c Term endowment ►	ક								
3a Are there endowment funds not in organization by:	n the possessi	on of the organiz	zation that	are held and adminis	tered for	the	Г	Yes	No
,							3a(i)	165	NO
(i) unrelated organizations									
(ii) related organizations							3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related o	· ·	•					3b	I	
4 Describe in Part XIV the intended					no 10				
Part VI   Investments-Land, Bu				· · · · · · · · · · · · · · · · · · ·		1	415.0		
Description of investment		(a) Cost or other (investment		b) Cost or other basis (other)	(c) De	oreciation	( <b>d)</b> B	ook Va	lue
<b>1a</b> Land	<u> -</u>								
<b>b</b> Buildings	F		$\longrightarrow$						
c Leasehold improvements		225,				37,574.			870.
<b>d</b> Equipment	-	369,	513.		-	L20,037.		249,	576.
<b>e</b> Other									
Total. Add lines 1a-1e (Column (d) sho	uld equal Forn	n 990, Part X, co	olumn (B), I	line 10(c).)	<u> </u>	<b>.</b> ►		437,	446.
ВАА						Sched	lule <b>D</b> (F	orm 99	0) 2008

Schedule **D** (Form 990) 2008

Part VII Investments—Other Securities See			
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation Cost or end-of-year market	ı value
inancial derivatives and other financial products		j	
Closely-held equity interests			
Other			
	_		
	_		
	_		
	_		
	_		
	_		
	_		
	_		
about (Column (b) should arried Form 000 Part V and (D) line 12.)	-		
otal. (Column (b) should equal Form 990 Part X, col. (B) line 12.) Part VIII Investments—Program Related (See	Form 990 Part V line	12)	
(a) Description of investment type	(b) Book value	(c) Method of valuation	<u> </u>
(a) Description of investment type	(b) book value	Cost or end-of-year market	value
Tabal Caluman (h)(abauld annal Farma 000 Bart V Cal (B) line 12)	<b>&gt;</b>		
Fotal. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)  Part IX Other Assets (See Form 990, Part X			
, , , , , , , , , , , , , , , , , , , ,	Description		(b) Book value
(*)	2 00011 p.1011		(2) 2001. (2.40
<b>Total.</b> Column (b) Total (should equal Form 990, Part X, c			
Part X Other Liabilities (See Form 990, Par			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
	1		

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.

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	<u> </u>
1		4,407,809.
2		4,603,071.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-195,262.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
10		-195,262.
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
1		4,407,809.
2		
	a Net unrealized gains on investments	
	b Donated services and use of facilities	
	c Recoveries of prior year grants	
	d Other (Describe in Part XIV)	
	e Add lines 2a through 2d	
3		4,407,809.
4		
-	a Investments expenses not included on Form 990, Part VIII, line 7b	
	<b>b</b> Other (Describe in Part XIV)	
	c Add lines 4a and 4b	
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12.)	4,407,809.
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
	Total expenses and losses per audited financial statements	4,603,071.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
	a Donated services and use of facilities	
	<b>b</b> Prior year adjustments	
	c Losses reported on Form 990, Part IX, line 25	
	d Other (Describe in Part XIV)	
	e Add lines 2a through 2d	
3		4,603,071.
4		
	a Investments expenses not included on Form 990, Part VIII, line 7b	
	b Other (Describe in Part XIV)	
	c Add lines 4a and 4b	
	Total expenses. Add lines <b>3</b> and <b>4c</b> (This should equal Form 990, Part I, line 18.)	4,603,071.
	rt XIV   Supplemental Information	
Con	applete 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, 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	and 2b; Part V,
<u>Pt</u>	V Line 4 BOARD DESIGNATED NET ASSETS REPRESENT FUNDS SET ASIDE BY	THE BOARD
	TO BE HELD IN RESERVE TO SUPPORT FUTURE YEARS' OPERATION	<u> </u>
	PROVIDE A RESOURCE FOR UNEXPECTED DOWNTURNS, AND PROVIDE	<u>-</u>
	A SOURCE FOR INVESTMENT IN THE ORGANIZATION.	

Schedule <b>D</b>	(Form 990) 2008 THE CENTER FOR EFFECTIVE PHILANTHROPY, INC.	04-3523528	Page <b>5</b>
Part XIV	Supplemental Information (continued)		
1 000 0 0 0 0	,		
		·	

#### SCHEDULE J (Form 990)

#### **Compensation Information**

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

OMB No. 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

Employer identification number

04-3523528

CENTER FOR EFFECTIVE PHILANTHROPY, Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., maid, chauffeur, chef) 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment? ..... Х 4a Х 4b 4c Х c Participate in, or receive payment from, an equity-based compensation arrangement? If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a Х 5b **b** Any related organization? Х If 'Yes' to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a Х 6b Х If 'Yes' to line 6a or 6b, describe in Part III. 7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III ..... 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.....

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

PHIL BUCHANAN	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
PHIL BUCHANAN	n prior 90 or 90-EZ
PAUL J. HEGGARTY (ii)	3,304.
PAUL J. HEGGARTY (i) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 146,003. 34,128. 0. 7,300. 2,745. 190,176. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	0.
146,003. 34,128. 0. 7,300. 2,745. 190,176. 1   LISA JACKSON (i)	.8 <u>,</u> 095.
LISA JACKSON (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0.
(i) 136,364. 34,333. 0. 6,849. 7,060. 184,606. 1  (ii) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	8 <u>,605.</u>
KEVIN BOLDUC (i) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0.
	8 <u>,</u> 393.
(ii) (ii) (ii) (iii) (iiii) (iiii) (iiiiiiii	0.
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Part III	Supplemental Information
Complet this part	e this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete for any additional information.

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

OMB No. 1545-0047

2008

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization	Employer identification number
THE CENTER FOR EFFECTIVE PHILANTHROPY, INC.	04-3523528
Pt_VI-A, Line 10 CEP staff distribute the draft 990 to the	Board Chair
and Finance Committee Chair for their rev	iew. Any concerns
are brought to the attention of CEP's VP,	Finance for
discussion and resolution.	
Pt VI-B, Line 12cOn an annual basis, each Board member and	key employee
completes, signs, and delivers to the Pres	sident an Annual
Affiliation Disclosure Statement naming as	ny affiliation
with_competing/collaborating_organizations	s, vendors and
consultants. All responses are reviewed be	by the Board of
Directors' Clerk and CEP's VP, Finance and	d_Administration.
Any responses raising concern are brought	to the attention
of the President and, in the case of Board	d_members, to the
Chair of the Board Governance Committee to	o_be_addressed
and resolved in compliance with CEP's pol:	icy regarding
Conflicts of Interest.	
Pt_VI-B, Line 15 CEP engages the services of independent co	ompensation
consultants to review its compensation app	proach_and_structure
for all positions on a biannual basis and	for new positions as
required. The consultants compile and and	alyze_salary
data_for_positions_comparable_(based_on_se	cope of responsiblities,
management authority and organization reve	enues) to the
positions of CEP employees, utilizing pub	lished_survey
resources and market analyses and data from	om_their_own_client
services. As part of the process, the con	nsultants often
interview employees to gain a more complete	te_understanding
of their positions. For the President: The Theorem 19 and	he independent

Name of the organization	Employer identification number
THE CENTER FOR EFFECTIVE PHILANTHROPY, INC.	04-3523528
consultants prepare reports summarizing thei	r_methodology,
findings, and recommendations with regard to	compensation
and review reports with the Compensation Com	mittee of the
Board, and, as appropriate, with CEP's Vice-	President,
Finance and Administration. The reports inf	orm the Compensation
Committee's review and discussion of the Pre	sident's
compensation. Documentation of the Compensat	ion Committee
discussion and the decision regarding the co	mpensation of
the President is captured, maintained and co	mmunicated to
the Vice-President, Finance and Administrati	on. For officers/key
employees: The independent consultants prepa	re_reports
summarizing their methodolgy, findings and r	ecommendations
with regard to compensation and review the r	eports with
CEP's President, and, as appropriate, with t	he Vice-President,
Finance and Administration. The reports info	rm compensation
recommendations for key employees made by th	e President to
the Compensation Committee of the Board for	review, discussion
and approval. Documentation of the discussi	on and the
decision regarding the compensation of key e	mployees is
captured and maintained.	. — — — — — — — — — — — — — — — — — — —
Pt VI-C, Line 19 They are available on the Organization's web	site.
Pt XI, Line 2c CEP's Board audit committee is responsible f	or retaining
CEP's audit firm. The audit committee is als	o responsible
for the review and approval of audited annua	l financial
statements.	

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Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4a (continued)

TOOLS FOR COLLECTING COMPARATIVE FEEDBACK FROM HIGH SCHOOL STUDENTS ABOUT THEIR RELATIVE EXPERIENCE ATTENDING GATES-FUNDED SCHOOLS. FINALLY, CEP STAFF PARTICIPATED IN A NUMBER OF SPEAKING ENGAGEMENTS, PLANNED ITS BIANNUAL CONFERENCE TO TAKE PLACE IN 2009, AND PUBLISHED SEVERAL E-NEWSLETTERS.

Form 990, Page 6, Line 17

States Form 990 Filed In

Massachusetts

California