Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
 - ► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	e 2018 ca	lendar year, or tax		ning			, and e	ending						
В	Check if	applicable:	C Name of organizat	ion CER	GE-El Fou	ndation				D Emplo	yer identi	ification n	umber		
<u> </u>	Address	change	Doing business as					1		1					
П	Name ch	anaa	Number and street	t (or P.O. box if	mail is not de	elivered to str	eet address)	Room/suite		25-1725					
브	Name Cit	ange	715 Queen Anne	Road						E Teleph	none numb	er			
Ш	Initial retu	urn	City or town				State	ZIP code		(201) 69	2-9408				
\Box	Final return	n/terminated	Teaneck				NJ	07666		(201)00					
\equiv			Foreign country n	ame	Foreign pr	ovince/state/	county	Foreign posta	l code				0.0	200 400	
Ш,	Amended	d return							1	G Gross	receipts \$		6,3	389,499	
	Application	on pending	F Name and address	s of principal of	ficer:				H(a) Is t	his a group ret	turn for subc	ordinates?	Yes	X No	
			Randall Filer 715	Queen Ani	ne Road, ⁻	Teaneck, N	NJ 07666		H(b) A	e all subordi	nates inclu	ıded?	Yes	No	
		unt atatura.	X 501(c)(3)	501(c) ((insert no.)	4947(a)(1)	or 527	` ′	"No," attach					
_		npt status:		301(c) () - ((IIISEIT IIO.)	4947(a)(1)	101 321			,	_	,		
<u>J 1</u>	Vebsite	e: ► ww	w.cerge-ei-cz					-	H(c) G	roup exempt	ion numbe	r 🕨			
KF	orm of o	rganization:	X Corporation	Trust	Association	on Oth	ner 🕨	L Ye	ar of form	nation: 19	93 M	State of le	egal domicile	: PA	
P	art I	Su	mmary								•				
	1		lescribe the organ	ization's mi	ssion or m	ost sianific	cant activitie	s: Tor	oromote	economi	cs educa	ation an	d researc	h	
ဗ္			ost-communist co												
Щ		Union.						9							
Governance	2		his box ▶ if	the organiz	ation disco	ntinued its	e operations	or disposed	l of mor	a than 25	% of ite	not acc	ate		
9	3		of voting membe										513.	13	
ૐ	4		of independent v								4			10	
es	5		ımber of individua								5			0	
Activities &						•	•	,			6			11	
Ę	6		mber of volunteer	•											
4	7a		related business								7a 7b			0	
	b	ivet unite	elated business ta	xable incom	ie irom FC)IIII 990-1,	ine so			Prior Yea			Current Yea	0	
		Contribu	itions and grants	/Dort \ /III lin	aa 1h\							-			
ne	8		utions and grants						1		508,282			193,178	
Revenue	9 Program service revenue (Part VIII, line 2g)								466,397			188,517			
Ş.									-		281,71 <u>6</u>		C	319,32 <u>5</u>	
	11		evenue (Part VIII,					•			0		4.6	0	
	12		renue—add lines 8								256,395	1		301,020	
	13		and similar amour	. ,		. ,	,			1,	251,681		1,4	169,760	
	14		paid to or for me						-		07.404			0	
Expenses	15		other compensation		,		. , .	,			87,184			86,684	
ens	16a		ional fundraising f								0			0	
ğ.	_ b		ndraising expense					55,363	<u> </u>						
ш	17		xpenses (Part IX,	` ,			,				921,240			990,484	
	18		penses. Add lines	•	•		. ,	,			260,105			546,928	
. "	19	Revenu	e less expenses.	Subtract line	e 18 from	line 12					996,290	1		054,092	
Net Assets or Fund Balances		-		40)					Begin	ning of Curi			End of Yea		
sse	20		sets (Part X, line	,					-		017,229			271,127	
let A	21		bilities (Part X, lin								145,639			646,264 004,000	
			ets or fund baland	es. Subtrac	t line 21 fr	om line 20)			11,	871,590)	11,6	524,863	
	rt II		ınature Block												
	•		y, I declare that I have ect, and complete. Decl								•	ge			
anu	bellet, it i	is true, corre	ect, and complete. Deci	aration of prepa	arer (ourer un	all officer) is i	Jaseu on all lillo	ormation of write	n prepare	i ilas aliy ki	iowieuge.				
Sig	yn 💮		Signature of officer							D-	4-				
He	re		•					Dro	aid a m t	Da	te				
			Randall Filer	.1 441 -				Pies	sident						
		Drin	Type or print name ar		1-	Proparorio oi	naturo		D-	to		1	DTIN		
D-	: A	Prin	t/Type preparer's name	;		Preparer's sig	nature		Da	ıe	Check	if	PTIN		
Pa		Jan	nes H Bennett, CF	PA	J	ames H B	ennett, CPA		6/	17/2019	self-em		P0044754	17	
	eparei			ett & Associ			•			Firm's EIN	▶ 27-3	488128			
US	e Only	y —	n's address ► 100 F				8103					(734) 622-8015			
		•								Phone no.					
Ma	y the IF	KS discus	s this return with	tne prepare	r shown al	pove? (see	e instructions	S)					X Yes	No	

	CERGE-EI Foundation	25-1725738	Page
Part III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
To prom	escribe the organization's mission: ote economics education and research in the post-communist countries of Central and Europe including the former Soviet Union.		
the prior If "Yes,"	organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	Yes	X
services If "Yes,"	organization cease conducting, or make significant changes in how it conducts, any program ?	Yes	X
expense	s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported.	-	
Soviet E	loc and other developing nations that is totally tuition from building a base of		
The CE effort to) (Expenses \$ 1,136,975 including grants of \$ 984,626) (Revenue RGE-El Teaching Fellowships support graduate students and post-doctoral teachers in the expand the teaching of modern market economics to undergraduates in a region where such n is in severe short supply.	÷\$)
program) (Expenses \$ 794,920 including grants of \$) (Revenue lergraduate Program in Central European Studies is an American junior-year study-abroad designed to expand U.S. students' education in the study of Central Europe and to further knowledge of the CERGE-EI program through American academia.	\$ 1,423	

d Other program services. (Describe in Schedule O.)
(Expenses \$ 137,314 including grants of \$ 0) (Revenue \$ 64,847)

2 Total program service expenses ▶ 3,354,702

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If</i> "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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, or have a section 501(h)	Ŭ		
4				V
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
8				
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Χ
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	Χ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable.			
_				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Χ
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	Χ	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
۵	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	· · · · · · · · · · · · · · · · · · ·	445		V
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Χ	
15		טדו	^	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ا ء ِ ا	v	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	Χ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Χ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
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		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
. •	If "Yes," complete Schedule G, Part III	19		Х
20-				
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I, Parts I and II.	21		Χ

Part	Checklist of Required Schedules (continued)		T	
	District the second of the sec		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		_^
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
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):	28a		V
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	20a		Х
	Schedule L, Part IV	28b		Х
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		$\stackrel{\wedge}{\vdash}$
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Χ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
26	entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line</i> 2	35b		
36	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	00		$\stackrel{\wedge}{}$
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
10	Enter the number reported in Rev 3 of Form 1006. Enter 0, if not applicable 14-1 40		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	10	V	

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	2-		_
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		Х
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	30		
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:	Ta		Ĥ
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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 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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		.,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.5		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 142	Enter the amount of reserves on hand	14a		~
l4a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Х
		140		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) **CERGE-EI Foundation** 25-1725738

Part VI

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 13			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or		•		
<i>i</i> a			7.		~
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				.,
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during			
	the year by the following:				
а	The governing body?		8a	Χ	
b	Each committee with authority to act on behalf of the governing body?		8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		Χ
<u>Sect</u>	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Χ
b	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 pu	ırposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?.	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	· ·			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	Χ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
	describe in Schedule O how this was done		12c	Χ	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and appro				
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
a b	Other officers or key employees of the organization		15b	^	Х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		130		^
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	sement			
IVa	with a taxable entity during the year?		160		~
			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	<u> </u>	401-		
0 1	the organization's exempt status with respect to such arrangements?	<u> </u>	16b		L
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NJ, PA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990		U1(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap				
		(plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest poli	cy, an	d	
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's be	/ // /	•		
	Randall Filer	(201) 692-9408			
	715 Queen Anne Road, Teaneck, NJ 07666				

Form 990 (2018) CERGE-EI Foundation 25-1725738 Page **7**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Average box, unless person is both an officer and a director/trustee) ek (list any hours for related ganizations low dotted box, unless person is both an officer and a director/trustee) Former Or dividual institution all officer and a director/trustee) Former (V			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
			ě		ated				
(1) Randall K. Filer	7.00								
President	0.00			Х			46,684	0	0
(2) Jan Svejnar	1.00	1							
Member	0.00	Х					25,000	0	0
(3) Orley Ashenfelter	1.00								
Member	0.00						0	0	0
(4) Burkhard Dallosch	1.00	1							
Treasurer	0.00			Х			0	0	0
(5) Marc S. Ellenbogen	1.00	1							
Member	0.00	Х					0	0	0
(6) Michael C. Markovitz	1.00								
Chair	0.00	Х		Х			0	0	0
(7) Craig R. Stapleton	1.00								
Member	0.00	Х					0	0	0
(8) Susan E. Walton	1.00								
Member	0.00						0	0	0
(9) Boris A. Borozan	1.00	1							
Member	0.00	Χ					0	0	0
(10) Julia R. Bryan	1.00								
Member	0.00	Χ					0	0	0
(11) Gerard Roland	1.00								
Member	0.00	Χ					15,000	0	0
(12) Dragana Stanisic	1.00								
Member	0.00	Χ					0	0	0
(13) Aydin Hayri	1.00								
Member	0.00	Χ					0	0	0
(14) Nico B. Rotke	1.00								
Member	0.00	Χ					0	0	0
									Carry 000 (2010)

Form 9	990 (2018)	CERGE-EI Foundation									25-172	25738	Page	8
Pa	art VII	Section A. Officers, Directors	, Trustees, Key Em	ploye	es,	and	d Hi	ghes	t C	ompensated Em	ployees (contir	ued)		
		(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	erson	than of is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com f org an	(F) stimated mount of other npensation rom the ganization d related anizations	
(15)														
(16)														
(17)														
(18)														
														_
														_
(25)														
1b c										86,684	0	-		C
d	Total (add	l lines 1b and 1c)							\blacktriangleright	86,684	0			C
2	Total numb	ber of individuals (including but n compensation from the organiza	ot limited to those lis	sted a	abov	re) v 0	who	recei	vec	d more than \$100),000 of			
_	•	· -		ا ده د		امرا		n bia	h-0-0	t componented			Yes N	0
3		ganization list any former officer on line 1a? <i>If "Yes," complete So</i>		-	-	-		_				3	>	<u> </u>
4	-	dividual listed on line 1a, is the s zation and related organizations	•							•	h			
_		erson listed on line 1a receive or										4	×	<u> </u>
5	for service	s rendered to the organization?	•			-			_			5	×	(
1	Complete	ependent Contractors this table for your five highest co tion from the organization. Repo										tax		
-	,	(A) Name and busines	s address							(B) Description of serv	vices	(C Comper	-	
										•				C
														0
									_					C
														0
2		ber of independent contractors (i	•						,	who received				

Part VIII Statement of Revenue Check if Schedule O contain

		Check if Schedule O contains	a response or n	lote to any line in	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Gifts, Grants lar Amounts	1a b c d	Federated campaigns	1b 1c 1d	0 0 0		revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	e f g h	Government grants (contributions All other contributions, gifts, gran similar amounts not included abouncash contributions included in literature and the second statement of the second statement of the second sec	ts, and ve	2,300,356 43,400	2,493,178			
Program Service Revenue		Tuition		Business Code 611600	1,488,517	1,488,517		
	b c				0			
ogram Se	d e f	All other program service revenu			0 0 0			
P	g 3	Total. Add lines 2a–2f	idends, interest,	and	1,488,517			202.000
	4 5	other similar amounts)	cempt bond proc	eeds 🕨	388,009 0 0			388,009
	6a b c	Gross rents	0	· · ·				
	d 7a	Net rental income or (loss) Gross amount from sales of assets other than inventory		> (ii) Other	0			
	b	Less: cost or other basis and sales expenses	1,788,479	0				
	c d	Net gain or (loss)			231,316			231,316
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18		0				
Othe	С	Less: direct expenses Net income or (loss) from fundrai Gross income from gaming activi See Part IV, line 19	b sing events	0 >	0			
	С	Less: direct expenses Net income or (loss) from gaming Gross sales of inventory, less returns and allowances	b activities	0	0			
		Less: cost of goods sold	b	0	0			
	11a b c	All other revenue			0 0 0			
	d e 12	Total. Add lines 11a–11d Total revenue. See instructions.			0 0 4.601.020	1.488.517	0	619.325

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

	Check if Schedule O contains a response or note t	to any line in this Pa	nrt IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,469,760	1,469,760		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	86,684	55,561	23,342	7,781
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	850		850	
C	Accounting	14,562		14,562	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	050.070	705 454	42.040	20.075
40	(A) amount, list line 11g expenses on Schedule O.)	852,078	785,454	43,949	22,675
12	Advertising and promotion	0 25,995	10.000	1F FO4	200
13	Office expenses	25,995	10,002	15,594	399
14	Information technology	0			
15 16	Royalties	0			
17	Occupancy	31,912	30,626	1,286	
18	Payments of travel or entertainment expenses	31,912	30,020	1,200	
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	73,175	45,560	27,615	
20	Interest	0	+0,000	27,010	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	4,454		4,454	
24	Other expenses. Itemize expenses not covered	.,		.,	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	UPCES administration, faculty, and other expenses	793,848	793,848		
b	MAE administration, faculty, and other expenses	136,894	136,894		
С		0			
d		0			
е	All other expenses	56,716	26,997	5,211	24,508
25	Total functional expenses. Add lines 1 through 24e	3,546,928	3,354,702	136,863	55,363
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

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Total liabilities and net assets/fund balances

Part X **Balance Sheet** (B) Beginning of year End of year 4.583 4.348 2 2,224,419 2 2,120,313 83,858 3 3 156,649 978 4 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 0 6 0 7 0 8 0 8 Prepaid expenses and deferred charges 9 272,626 9 3,354 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 0 10c 0 b 11 8.159.975 11 8.850.669 1,270,790 12 Investments—other securities. See Part IV, line 11 12 1,135,794 13 Investments—program-related. See Part IV, line 11 0 13 0 14 0 14 0 15 0 15 0 16 12,017,229 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 12,271,127 342,614 17 24.281 17 18 18 0 19 121,358 19 303,650 20 0 20 21 0 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 0 Secured mortgages and notes payable to unrelated third parties 23 0 0 24 24 Unsecured notes and loans payable to unrelated third parties 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X 25 0 26 **Total liabilities.** Add lines 17 through 25 145,639 26 646,264 Organizations that follow SFAS 117 (ASC 958), check here | X | and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 5,836,320 27 5,792,260 28 2,173,990 28 1,970,273 29 3,861,280 3,862,330 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 0 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 0 31 0 32 32 Retained earnings, endowment, accumulated income, or other funds . . . 33 11,871,590 33 11,624,863

12,017,229

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	1,601	,020
2	Total expenses (must equal Part IX, column (A), line 25)	2		(3,546	5,928
3	Revenue less expenses. Subtract line 2 from line 1	3		•	1,054	,092
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	1,871	1,590
5	Net unrealized gains (losses) on investments	5			1,300	,819
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10		1	1,624	1,863
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. [2	2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. [:	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. [2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
'	the Single Audit Act and OMB Circular A-133?		. :	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. ;	3b		

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

CER	GE-	-EI Foundation					25-17	25738	
Par	t I	Reason for Public Char	ity Status (All org	ganizations must co	mplete th	nis part.)	See instructions.		
The	orga	anization is not a private foundat	ion because it is: (F	or lines 1 through 12,	check only	one box.)		
1		A church, convention of church	es, or association o	f churches described in	n section	170(b)(1)	(A)(i).		
2		A school described in section 1	1 70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990 or 99	90-EZ).)			
3		A hospital or a cooperative hos	pital service organiz	zation described in sec	tion 170(l	b)(1)(A)(ii	i).		
4		A medical research organizatio	n operated in conjui	nction with a hospital c	lescribed i	in section	170(b)(1)(A)(iii). En	ter the	
		hospital's name, city, and state	·						
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in	
6		A federal, state, or local govern	ment or governmen	ital unit described in s e	ection 170	(b)(1)(A)(v).		
7	Χ	An organization that normally redescribed in section 170(b)(1)(m a gove	rnmental ι	unit or from the gene	ral public	
8	П	A community trust described in		•	II.)				
9		An agricultural research organia			•	d in coniur	nction with a land-gra	ant college	
		or university or a non-land-gran university:							
10		An organization that normally re							s
		receipts from activities related t support from gross investment							
		acquired by the organization af	ter June 30. 1975. S	See section 509(a)(2).	Complet)	e Part III.)	o i i tax) irom busine	55 6 5	
11		An organization organized and			, .				
12	Ħ	An organization organized and	•	•	•			he nurnos	e s
-		of one or more publicly support Check the box in lines 12a thro	ed organizations de	scribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
а		Type I. A supporting organiz	ation operated, sup	ervised, or controlled b	by its supp	orted orga	anization(s), typically	by giving	
		the supported organization(sorganization. You must con	s) the power to regu	larly appoint or elect a					ing
b		Type II. A supporting organiz	zation supervised o	r controlled in connecti					
		control or management of th			me perso	ns that co	ntrol or manage the	supported	
_	ı	organization(s). You must c Type III functionally integra			n connoct	ion with s	and functionally into	rated with	
С	ļ	its supported organization(s						rated with	•
d		Type III non-functionally in		•				anization(s	s)
	,	that is not functionally integr	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att		
	ĺ	requirement (see instruction	,						
е		Check this box if the organiz functionally integrated, or Ty					Type I, Type II, Typ	e III	
f		Enter the number of supported						Г	0
a q		Provide the following information							
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	٠,,	ount of
				(described on lines 1–10 above (see instructions))		ir governing ment?	support (see instructions)	other sup instruc	
					Joodi				
					Yes	No			
(A)									
(B)									
(0)									
(C)									
(D)									
(5)									
(E)									
Tota	ı						0		

25-1725738 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,005,864	2,036,472	2,402,459	2,508,282	2,493,178	11,446,255
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3	2,005,864	2,036,472	2,402,459	2,508,282	2,493,178	11,446,255
6	shown on line 11, column (f)						0 11,446,255
	Public support. Subtract line 5 from line 4						11,440,233
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,005,864	2,036,472	2,402,459	2,508,282	2,493,178	11,446,255
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	175.776	153,722	181,920	269,543	388,009	1,168,970
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,	10.1,020	200,010	333,633	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						12,615,225
12 13	Gross receipts from related activities, etc. (se First five years. If the Form 990 is for the or organization, check this box and stop here .	rganization's first, s	econd, third, fourth		s a section 501(c)		7,717,190
Sec	ction C. Computation of Public Sup	pport Percenta	ige			ı	
	Public support percentage for 2018 (line 6, c					14	90.73%
15 16a	Public support percentage from 2017 Schedu 33 1/3% support test—2018. If the organization qualifies as	ation did not check	the box on line 13	, and line 14 is 33 1	1/3% or more, che		91.72% ▶ X
b	33 1/3% support test—2017. If the organization qualified box and stop here. The organization qualified						
17a	10%-facts-and-circumstances test—2018 10% or more, and if the organization meets t Part VI how the organization meets the "facts organization.	the "facts-and-circu s-and-circumstance	mstances" test, ches" test. The organi	eck this box and st ization qualifies as	t op here. Explain i a publicly supporte	in ed	▶□
b	10%-facts-and-circumstances test—2017 15 is 10% or more, and if the organization mexplain in Part VI how the organization meet supported organization.	eets the "facts-and- ts the "facts-and-cire	-circumstances" te cumstances" test.	st, check this box a The organization q	and stop here. ualifies as a public	sly	▶□
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see		▶□

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

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

Sec	tion A. Public Support		T.				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	ction B. Total Support				1	·	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the or	-		-			_
	organization, check this box and stop here						>
Sec	ction C. Computation of Public Sup	pport Percenta	ge				
15	Public support percentage for 2018 (line 8, c	olumn (f), divided by	y line 13, column (f))		15	0.00%
16	Public support percentage from 2017 Sched	ule A, Part III, line 1	5			16	0.00%
Sec	ction D. Computation of Investmer						
17	Investment income percentage for 2018 (line	e 10c, column (f), di	vided by line 13, c	olumn (f))		17	0.00%
18	Investment income percentage from 2017 Se					18	0.00%
19a	33 1/3% support tests—2018. If the organi	zation did not checl	the box on line 1	4, and line 15 is m	ore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and s	stop here. The orga	nization qualifies	as a publicly suppo	orted organization		>
b	33 1/3% support tests—2017. If the organi						·
	line 18 is not more than 33 1/3%, check this	box and stop here.	. The organization	qualifies as a pub	licly supported orga	anization	> <u> </u>
20	Private foundation. If the organization did r	not check a box on I	ine 14, 19a, or 19l	o, check this box a	and see instructions	3	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

trustees of each of the supported organizations? Provide details in Part VI.

3a

25-1725738

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	•		•
instructions. All other Type III non-functionally integrated supporting orga	nizatior	ns must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		-
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	lly inted	rated Type III supporting of	
instructions)	, 3	, ,, ,,	•

Schedul	e A (Form 990 or 990-EZ) 2018 CERGE-EI Foundation		2	5-1725738 Page 7
Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount	1		0.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2018 distributable amount			0
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2018 from			
	Section D, line 7: \$ 0			
<u>a</u>	Applied to underdistributions of prior years		0	
<u>b</u>				0
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result		•	
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			_
	Part VI. See instructions.			0
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c. Breakdown of line 7:	0		
8	Excess from 2014			
a	Excess from 2014			
b	E (0040			
<u>c</u>	Excess from 2017			
<u>u</u> e				
~				

Schedule A (F	form 990 or 990-EZ) 2018 CERGE-EI Foundation	25-1725738	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b; Part	
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part		
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1		
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Par		
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	t v, Section L,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

| Instruction | Employer identification number |

CERC	GE-EI Foundation			25-172	25738
Part	Organizations Maintaining Donor	Advised Funds or Othe	r Similar Fu	nds or Accounts.	
	Complete if the organization answer				
	·	(a) Donor advised fu	nds	(b) Funds and	other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year) .				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and don	or advisors in writing that the	e assets held ir	n donor advised	
	funds are the organization's property, subject t				Yes No
6	Did the organization inform all grantees, donor	rs, and donor advisors in wri	ting that grant f	funds can be used	<u> </u>
	only for charitable purposes and not for the be	nefit of the donor or donor a	dvisor, or for a	ny other purpose	
	conferring impermissible private benefit?				Yes No
Part	Conservation Easements.				
	Complete if the organization answer	ed "Yes" on Form 990, P	art IV, line 7.		
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., re	ecreation or education)	Preservatio	n of a historically impo	rtant land area
	Protection of natural habitat		Preservatio	n of a certified historic	structure
	Preservation of open space	<u></u>			
2	Complete lines 2a through 2d if the organization	on held a qualified conservat	tion contribution	n in the form of a cons	ervation
_	easement on the last day of the tax year.	on neid a qualified conserva-			the End of the Tax Year
а	Total number of conservation easements				the Life of the Tax Teal
b	Total acreage restricted by conservation ease				
c	Number of conservation easements on a certif				
d	Number of conservation easements included in		` '		
-	historic structure listed in the National Register			2d	
3	Number of conservation easements modified,				ation during
	the tax year ▶				
4	Number of states where property subject to co	nservation easement is loca	ited ►		
5	Does the organization have a written policy reg	garding the periodic monitor	ing, inspection,	handling of	
	violations, and enforcement of the conservatio	n easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, handling of violations	, and enforcing o	conservation easements	during the year
	>				
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and	l enforcing conse	ervation easements duri	ng the year
	\$				(D)
8	Does each conservation easement reported or				
^					Yes No
9	In Part XIII, describe how the organization rep			-	
	balance sheet, and include, if applicable, the to organization's accounting for conservation eas		anization's lina	nciai statements that	describes the
Dart	Organizations Maintaining Collect		roaeuroe oi	Other Similar Ass	ente
rait	Complete if the organization answer				ocis.
1a	If the organization elected, as permitted under				halance sheet
	works of art, historical treasures, or other simil				
	public service, provide, in Part XIII, the text of	•	•	•	
b	If the organization elected, as permitted under				
-	works of art, historical treasures, or other simil				
	public service, provide the following amounts r		,	,	
	(i) Revenue included on Form 990, Part VIII, I	ine 1		> \$	
	(ii) Assets included in Form 990, Part X			> \$	
2	If the organization received or held works of an			ts for financial gain. b	ovide the
_	following amounts required to be reported und			•	-
а	Revenue included on Form 990, Part VIII, line				
	Assets included in Form 990, Part X				

Part	III Organizations Maintaining (Collections of Ar	t, Histor	ical Tre	asures, or	Other	Similar Assets	s (continued)
3	Using the organization's acquisition, ac	ccession, and other	records, c	heck any	of the followi	ng that	are a significant	use of its
	collection items (check all that apply):							
а	Public exhibition		d	Loan or	exchange pro	ograms	;	
b	Scholarly research		е	Other				
С	Preservation for future generation	S						
4	Provide a description of the organization XIII.	on's collections and	explain ho	ow they fu	ırther the orga	anizatio	on's exempt purpo	se in Part
5	During the year, did the organization s assets to be sold to raise funds rather							Yes No
Part			· ·	`				
· art	Complete if the organization a	•	n Form 9	90. Part	IV. line 9. c	r repo	rted an amoun	t on Form
	990, Part X, line 21.			,	, ,	•		
1a	Is the organization an agent, trustee, o	ustodian or other in	termediary	for contr	ributions or ot	her ass	sets not	
	included on Form 990, Part X?		_					Yes No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete	the follov	ving table	:			
							, ,	Amount
С	Beginning balance							0
d	Additions during the year					10		
e	Distributions during the year					16		
f	Ending balance					11	•	0
2a	Did the organization include an amoun						-	Yes X No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here	if the expla	anation ha	as been provi	ded on	Part XIII	
Part								
	Complete if the organization a							
		(a) Current year	(b) Prio	-	(c) Two years		(d) Three years back	, ,
1a	Beginning of year balance	5,817,269	4	,759,193		0,755	4,862,66	5,156,267
b	Contributions	1,050		32,780				
С	Net investment earnings, gains, and losses	-719,889	1	025 206	25	0 420	227.00	104 207
d	Grants or scholarships	-7 19,009	<u> </u>	,025,296	33	8,438	-227,90	9 104,397
e	Other expenditures for facilities							
·	and programs						234,00	0 398,000
f	Administrative expenses							3 000,000
g	End of year balance	5,098,430	5	,817,269	4,75	9,193	4,400,75	5 4,862,664
2	Provide the estimated percentage of the						· · ·	
а	Board designated or quasi-endowmen		%	_				
b	Permanent endowment	76%						
С	Temporarily restricted endowment	▶ 24%						
	The percentages on lines 2a, 2b, and 2	•						
3a	Are there endowment funds not in the	possession of the o	rganizatio	n that are	held and adr	ninister	red for the	T. T.
	organization by:							Yes No
	(i) unrelated organizations							3a(i) X
h	(ii) related organizations							3a(ii) X
b 4	Describe in Part XIII the intended uses	•	•					30
Part			S EHUOWH	ieni iunus	5.			
Fait	Complete if the organization a		n Form 0	00 Part	: I\/ line 11s	مم2 د	Form 000 Part	Y line 10
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book value
	Description of property	(a) Cost of oil		. ,	other)	. ,	depreciation	(w) Dook value
1a	Land		0		0			0
b	Buildings		0		0		0	0
С	Leasehold improvements	1	0		0		0	0
d	Equipment		0		0		0	0
<u>e</u>	Other		0		0		0	0
Total	. Add lines 1a through 1e. (Column (d) i	nust equal Form 99	0, Part X,	column (E	B), line 10c.) .	<u></u>	•	0

Part VII	Investments—Other Securities. Complete if the organization answere	ed "Yes" on Form 900	Part IV line 11h See Form	990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of vi	
	(including name of security)	, ,	Cost or end-of-year	
	al derivatives	0		
	-held equity interests	0		
	MLM US Focused Equity Fund LLC	1,135,794	F	
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	1,135,794		
Part VIII	Investments—Program Related. Complete if the organization answere	ed "Yes" on Form 990	Part IV line 11c See Form	990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of vi	
	(-,	() 2001. 10100	Cost or end-of-year	
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
_ (- /				
(8)				
(8) (9)				
(9) Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)	0		
(9)	Other Assets.		Part IV line 11d See Form	990 Part X line 15
(9) Total. (Colum	Other Assets. Complete if the organization answere		Part IV, line 11d. See Form	990, Part X, line 15.
(9) Total. (Colum	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d. See Form	
(9) Total. (Colur Part IX	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d. See Form	
(9) Total. (Colur Part IX	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d. See Form	
(9) Total. (Colur. Part IX (1) (2)	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d. See Form	
(9) Total. (Column Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d. See Form	
(9) Total. (Colur. Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d. See Form	
(9) Total. (Colur) Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d. See Form	
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere	ed "Yes" on Form 990,	Part IV, line 11d. See Form	
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) De	ed "Yes" on Form 990, escription		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answere (a) De	ed "Yes" on Form 990, escription		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) De	ed "Yes" on Form 990, escription		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answere (a) De (a) De (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answere	ed "Yes" on Form 990, escription		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part IX	Other Assets. Complete if the organization answere (a) De	ed "Yes" on Form 990, escription		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answere (a) De mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answere line 25.	ed "Yes" on Form 990, escription ee 15.)ed "Yes" on Form 990,		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Other Assets. Complete if the organization answere (a) De mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, escription e 15.)		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3)	Other Assets. Complete if the organization answere (a) De mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, escription e 15.)		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4)	Other Assets. Complete if the organization answere (a) De mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, escription e 15.)		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5)	Other Assets. Complete if the organization answere (a) De mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, escription e 15.)		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere (a) De mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, escription e 15.)		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere (a) De mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, escription e 15.)		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere (a) De mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, escription e 15.)		(b) Book value
(9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federa (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) De mn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	ed "Yes" on Form 990, escription e 15.)		(b) Book value

Sched	ule D (Form 990) 2018 CERGE-EI Foundation			25-1725738	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements		•	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part				
1	Total revenue, gains, and other support per audited financial statements			1	3,300,201
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 _			
а	Net unrealized gains (losses) on investments	2a	-1,300,819	-	
b	Donated services and use of facilities	2b		-	
С.	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	-1,300,819
3	Subtract line 2e from line 1	i · ·		3	4,601,020
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	1 221 222
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	4,601,020
Par	Reconciliation of Expenses per Audited Financial Statement			Return.	
_	Complete if the organization answered "Yes" on Form 990, Part			 	0.540.000
1	Total expenses and losses per audited financial statements			1	3,546,928
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	۱ ۵	_		
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b			
С.	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2 d			
е	Add lines 2a through 2d			2e	(
3	Subtract line 2e from line 1	; · ·		3	3,546,928
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	(
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,546,928
Part	XIII Supplemental Information.				
⊃rovi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, I	ines 1b and 2b; Pa	rt V, line 4; Pa	rt X, line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide ar	y additional informa	ation.	
art	V Line 4 The organization's endowment consists of multiple individual funds				
estab	lished for a variety of purposes. Its endowment includes donor-restricted endown	nent			
unds	to function as endowments. The organization has adopted investment and spen	ding			
oolici	es for endowment assets that attempt to provide a predictable stream of funding	to			
orogr	ams supported by its endowment while seeking to maintain the purchasing powe	r of the			
endo	wment assets. Its goal is to earn a stable and predictable amount of current incon	ne			
rom	the endowment, while reinvesting additional interest in years when the organizati	on's			
nves	tments do well.				
		-	_		

Schedule D (Fo		CERGE-EI Foundation	25-1725738	Page 5
Part XIII	Suppleme	ental Information (continued)		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

or 16.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

Employer identification number 25-1725738

CEF	RGE-EI Foundation					25-1725738
Par	General Inform Form 990, Part IV		vities Outside	e the United States. Com	plete if the organization ans	wered "Yes" on
1	other assistance, the gra	antees' eligibility	for the grants or	ds to substantiate the amount assistance, and the selection	n criteria used to	X Yes No
2	For grantmakers. Desc outside the United State		e organization's	procedures for monitoring the	use of its grants and other	assistance
3	Activities per Region. (T	he following Par	t I, line 3 table c	an be duplicated if additional	space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Europe (Including Iceland and Greenland)	0	81	Educational programs	Economics education	1,884,942
(2)	Europe (Including Iceland and Greenland)	0	0	Grants to recipients located in region	Economics education	888,578
(3)	Russia and the Neighboring States	0	0	Grants to recipients located in region	Economics education	581,182
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
	Subtotal	0	81			3,354,702
b	Total from continuation	0	0			0
c	sheets to Part I	0	81			3 354 702

25-1725738 Schedule F (Form 990) 2018 **CERGE-EI Foundation** Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code (d) Purpose of (e) Amount of (a) Name of (c) Region (f) Manner of (a) Amount of (h) Description (i) Method of organization section and EIN grant cash grant noncash of noncash assistance valuation (if applicable) disbursement assistance (book, FMV, appraisal, other) Russia and the Teaching fellowships Wire transfer **Neighboring States** (1) 31.000 Europe (Including Teaching fellowships Wire transfer Iceland and 14.000 (2) Russia and the Teaching fellowships Wire transfer **Neighboring States** 118.364 (3) Europe (Including Economics education Wire transfer Iceland and (4) 479.202 (5) (6) (7) (8) (9) (10)(11) (12)(13) (14) (15)(16)

2	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	4
3	3 Enter total number of other organizations or entities	

 Schedule F (Form 990) 2018
 CERGE-EI Foundation
 25-1725738
 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

	cated if additional space is no			l	1		1
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Scholarships and fellowships	Europe (Including Iceland			Wire transfer			
(1)	and Greenland)	68	395,376				
(1) Scholarships and fellowships (2)	Russia and the Neighboring States	123	422,836	Wire transfer			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

 Schedule F (Form 990) 2018
 CERGE-EI Foundation
 25-1725738
 Page 4

art	IV Foreign Forms			
	- Constant			_
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see			

 Schedule F (Form 990) 2018
 CERGE-EI Foundation
 25-1725738
 Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I Line 2 The funds are monitored by contractual requirement of reports prior to					
payment and mentor oversight and approval.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

CERGE-EI Foundation

Employer identification number 25-1725738

Par	Part I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Χ	3	43,400	FMV			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received b							
	which the organization completed	Form 8283,	Part IV, Donee Acknowledg	gement	29			0
							Yes	No
30a	During the year, did the organization							
	28, that it must hold for at least thr	-						
	to be used for exempt purposes for		holding period?			30a		X
b	If "Yes," describe the arrangement							
31	Does the organization have a gift a						.,	
	contributions?					31	Χ	
32a	Does the organization hire or use	•	•					V
	noncash contributions?					32a		X
	If "Yes," describe in Part II.			andro Carrondalala - Alemana (1881)				
33	If the organization didn't report an checked, describe in Part II.	amount in c	column (c) for a type of prop	erty for which column (a) is				

Schedule M (F	orm 990) 2018 CERGE-EI Foundation	25-1725738 Page 2	<u>2</u>
Part II	Supplemental Information. the organization is reporting in	Provide the information required by Part I, lines 30b, 32b, and 33, and whether a Part I, column (b), the number of contributions, the number of items received, a complete this part for any additional information.	
	or a combination of both. Also	complete this part for any additional information.	_

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization **CERGE-EI** Foundation 25-1725738

Form 990, Part III, Line 4d: Program Service Expenses: 137,314, Grants and allocations: 0,
Revenue: 64,847 The Masters of Applied Economics (MAE) Program is an intensive,
empirically-based 12-month program that enables students to obtain an economic education
typically not available in their home countries and gain essential skills demanded by
employers.
Form 990, Part VI, Section B, Line 11b: The Finance Committee of the Board of Directors
approves the Form 990 before submission. The entire board reviews the Form 990 for approval
within two weeks of its completion/submission.
Form 990, Part VI, Section B, Line 12c: Conflict of interest is reviewed annually by both the
organization's Board of Directors and the Executive and Supervisory Committee (ESC) of
CERGE-EI.
Form 990, Part VI, Section B, Line 15a: The President's compensation is reviewed by the
organization's Board of Directors on an annual basis. The salary is set to equal a percentage
of his academic year salary at the City University of New York.
Form 990, Part VI, Section C, Line 19: The organization makes its governing documents,
conflict of interest policy, and financial statements available to the public upon request.
Form 990, Part IX, Line 11g: Fees for CERGE-EI faculty and administrative support services

Schedule O (Form 990 or 990-EZ) (2018)	Pa	ige 2
Name of the organization	Employer identification number	
CERGE-EI Foundation	25-1725738	