

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRAL EUROPE CENTER FOR RESEARCH & DOCUMENTATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3500 PIEDMONT ROAD, STE 500 City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30305 F Name and address of principal officer: ED SEROTTA PFEIL GASSE 8-15 1080, VIENNA, ZY AUSTRIA	D Employer identification number 58-1970134 E Telephone number (404) 233-5486 G Gross receipts \$ 980,872. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CENTROPA.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994 M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CENTER CONDUCTS RESEARCH TO DOCUMENT SPECIFIC SOCIOLOGICAL PROBLEMS AND ETHNIC MINORITIES IN 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 5 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 1 6 Total number of volunteers (estimate if necessary) 6 8 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 903,104. Current Year 963,522. 9 Program service revenue (Part VIII, line 2g) 9,493. 17,336. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 408. 14. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 913,005. 980,872.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 144,659. 140,456. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,974. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 956,192.5 969,103. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,100,851. 1,109,559. 19 Revenue less expenses. Subtract line 18 from line 12 -187,846. -128,687.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 149,799. End of Year 106,216. 21 Total liabilities (Part X, line 26) 374,755. 459,859. 22 Net assets or fund balances. Subtract line 21 from line 20 -224,956. -353,643.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ED SEROTTA, CEO & PRESIDENT Type or print name and title	Date 11/16/15			
Paid Preparer Use Only	Print/Type preparer's name ROBERT A. HABIF	Preparer's signature ROBERT A. HABIF	Date 11/11/15	Check if self-employed <input type="checkbox"/>	PTIN P00131413
	Firm's name ▶ AGH, LLC Firm's address ▶ 3500 PIEDMONT RD, STE 500 ATLANTA, GA 30305	Firm's EIN ▶ 58-2588678	Phone no. 404-233-5486		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CENTRAL EUROPE CENTER FOR RESEARCH & DOCUMENTATION, INC.
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3500 PIEDMONT ROAD, STE 500
 City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30305

D Employer identification number
58-1970134

E Telephone number
(404) 233-5486

G Gross receipts \$ **980,872.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.CENTROPA.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** **1994** **M State of legal domicile:** **GA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CENTER CONDUCTS RESEARCH TO DOCUMENT SPECIFIC SOCIOLOGICAL PROBLEMS AND ETHNIC MINORITIES IN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	8
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	903,104.	963,522.
	9 Program service revenue (Part VIII, line 2g)	9,493.	17,336.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	408.	14.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	913,005.	980,872.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	144,659.	140,456.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,974.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	956,192.	969,103.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,100,851.	1,109,559.
19 Revenue less expenses. Subtract line 18 from line 12	-187,846.	-128,687.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 149,799.	End of Year 106,216.
	21 Total liabilities (Part X, line 26)	374,755.	459,859.
	22 Net assets or fund balances. Subtract line 21 from line 20	-224,956.	-353,643.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Ed Serotta* Date: **11.16.15**
ED SEROTTA, CEO & PRESIDENT
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **ROBERT A. HABIF** Preparer's signature: **ROBERT A. HABIF** Date: **11/11/15** Check if self-employed: PTIN: **P00131413**
 Firm's name: **AGH, LLC** Firm's EIN: **58-2588678**
 Firm's address: **3500 PIEDMONT RD, STE 500 ATLANTA, GA 30305** Phone no.: **404-233-5486**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No