FULVIO & ASSOCIATES, L.L.P. CERTIFIED PUBLIC ACCOUNTANTS 5 W 37TH STREET 4TH FL NEW YORK, NY 10018

CENTER FOR EDUCATIONAL INNOVATION Instructions for Filing Form 8879-EO IRS e-file Signature Authorization for Form 990 For the year ended June 30, 2021

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

FULVIO & ASSOCIATES, L.L.P. 5 W 37TH STREET 4TH FL NEW YORK NY 10018

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before May 16, 2022. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form 8879-EO	IRS <i>e-file</i> Signature Authorization for an Exempt Organization		OMB No 1545-0047
	For calendar year 2020, or fiscal year beginning $07/01$ 2020, and ending $06/30$	20_21	0000
Repartment of the Treesury	Do not send to the IRS. Keep for your records.		2020
lame of exempt organizatio	► Go to www.irs.gov/Form8879EO for the latest information.	Taxpayer identifi	cetton cumber
	DUCATIONAL INNOVATION		
ame and title of officer or p	arson subject to tax	13-4113	613
	HAGEN, CHIEF EXE.OFFICER		
Part I Type of F	Return and Return Information (Whole Dollars Only)		
heck the box on line lank, then leave line	return for which you are using this Form 8879-EO and enter the applicable am 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the retu 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter in the applicable line below. Do not complete more than one line in Part I.	urn being filed v	with this form was
a Form 990 check	nere Total revenue, if any (Form 990, Part VIII, column (A), line 12).	1b	4,609,505.
a Form 990-EZ che	ck here 🕨 🔄 🔥 Total revenue, if any (Form 990-EZ, line 9)	2b	
a Form 1120-POL o	heck here 📐 🗋 b Total tax (Form 1120-POL, line 22)	3b	
a Form 990-PF che	ck here 🕨 📃 🛛 b Tax based on investment income (Form 990-PF, Part VI, I	ine 5) 4b	
a Form 8868 check	here 🕨 🔄 b Balance due (Form 8868, line 3c),	5b	
a Form 990-T chec			
a Form 4720 check		,,,7b	
	on and Signature Authorization of Officer or Person Subject to Tax ury, I declare that X I am an officer of the above organization or I am a per		
consent to allow my o receive from the IRS processing the return Agent to initiate an el- ioftware for payment a payment, I must con- settlement) date. I al- confidential informatio	plete. I further declare that the amount in Part I above is the amount shown on ntermediate service provider, transmitter, or electronic return originator (ERO) 6 (a) an acknowledgement of receipt or reason for rejection of the transmission, or refund, and (c) the date of any refund. If applicable, i authorize the U.S. Treas ectronic funds withdrawal (direct debit) entry to the financial institution account i of the federal taxes owed on this return, and the financial institution to debit the tact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 busin so authorize the financial institutions involved in the processing of the electronic n necessary to answer inquiries and resolve issues related to the payment. I hav PIN) as my signature for the electronic return and, if applicable, the consent to	to send the return (b) the reason for sury and its design indicated in the tr entry to this acc less days prior to payment of taxe we selected a person	n to the IRS and ir any delay in nated Financial ax preparation yount. To revoke the payment is to receive sonal
N: check one box o	nly F		
X I authorize F		6 8 2 2 er five numbers, but	as my signature
state agency(r 2020 electronically filed return. If I have indicated within this return that a cop es) regulating charities as part of the IRS Fed/State program, I also authorize th urn's disclosure consent screen.	y of the return is	
electronically	r person subject to tax with respect to the organization, I will enter my PIN as i iled return. If I have indicated within this return that a copy of the return is being rities as part of the IRS Fed/State program, I will enter my PIN on the return's c	g filed with a stat	e agency(ies)
	x		< SIGN HE
gnature of officer or perso		7/31/2022	
	tion and Authentication		
	r your six-digit electronic filing identification d by your five-digit self-selected PIN	0 8 6 7 1 Do not enter al	L 3 3 3 1
certify that the above nat I am submitting th RS e-file Providers for	numeric entry is my PIN, which is my signature on the 2020 electronically file is return in accordance with the requirements of Pub. 4163, Modernized e-File Business Returns.	d return ind(cate) e (MeF) Informat	d above I confirm on for Authorized
	Date ▶ <u>07</u>	/31/2022	
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To Do		
or Paperwork Redu	tion Act Notice, see back of form-	Fa	m 8879-EO (2020)

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) ► Do not enter social security numbers on this form as it may be made public. 2020 Open to Public

OMB No. 1545-0047

Departmen	t of	-	Treas	ir
Internal Rev		ue S		

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

A F	or th	e 2020	calendar year, or tax year beginning 07/01, 2020, and	dending		06/30,	20 21
			C Name of organization		D Employer Ide	Intification nu	mber
B	here fo	epplication.	CENTER FOR EDUCATIONAL INNOVATION		13-411	3613	
X	Add	946. 9.4	Doing business as				
	Neite	a stienge	Number and street (or P O box if mail is not delivered to street address) Room	m/suile	E Telephone nu	mber	
	141814	i neseri	369 LEXINGTON AVENUE	13	(212) 30	2-8800	
-		101um	City or town, state or province, country, and ZIP or fore ign postal node		1		
-	Ame	enated related	NEW YORK, NY 10017		G Gross receipts	5 \$	4,627,040.
-		c.a.Trich	F Name and address of principal officer MICHAEL KOHLHAGEN		H(a) is this a gro		Yes X No
-	- para	Build .	369 LEXINGTON AVENUE313, NEW YORK, NY 10017		subordinates		Yes No
	Terret	sempt \$		527		nach a list. See i	
-			THE-CEI.ORG	527	H(c) Group exem		
-				L Year of formal	ion 2000 M		
E Transform	artl		Immary			State of rogan	
	1		y describe the organization's mission or most significant activities. TO SUPPO	PT INITIA	TIVES THA	T WILL I	PROVIDE
	1		UALITY EDUCATION TO CHILDREN IN NYC AND OTHER CO			I WILLD I	REVIDE
Governance		- Q	SAULT EDUCATION TO CALEDREN IN MIC AND OTHER CO	MADIAL ILES			
rna				man then DEM	of the post operation		
DVB	2		k this box If the organization discontinued its operations or disposed of			1 2	14.
() al	3		ber of voting members of the governing body (Part VI, line 1a)			3	13.
sa	4		per of independent voting members of the governing body (Part VI, line 1b)			4	
Activities &	5		number of individuals employed in calendar year 2020 (Part V, line 2a)			5	96.
cli	6		number of volunteers (estimate if necessary)		(A) (A) (A) (A) (A) (A)	6	
4			unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net u	inrelated business taxable income from Form 990-T, Part I, line 11 and an and an and			76	
					Prior Year		irrent Year
	8		ributions and grants (Parl VIII, line 1h)		1,953,85		,731,947
enueve	9		ram service revenue (Part VIII, line 2g)		3,154,42		.,877,748.
2ev	10		stment income (Part VIII, column (A), lines 3. 4, and 7d),			2.	-190_
	11	Other	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).		-146,06		0.
	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		4,962,23		,609,505.
	13	Gran	ts and similar amounts paid (Part IX, column (A), lines 1-3)		23,32	2.	91,724,
	14	Bene	fits paid to or for members (Part IX, column (A), line 4)			0.	0
10	15	Salar	ies_other compensation, employee benefits (Part IX_column (A), lines 5-10),		2,776,27	4. 2	,665,291.
Expenses	16 a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)	C + A +		0.	0 ,
xpe	t	Total	fundraising expenses (Part IX, column (D), line 25) ▶ 178,036.				
Ш.	17	Other	r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,793,98	7. 1	,774,169.
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		5,593,58	3. 4	,531,184
	19	Rever	nue less expenses Subtract line 18 from line 12		-631,34	5.	78,321
P.					ning of Current Y	ear En	d of Year
Net Assets or Fund Balances	20	Total	assels (Part X, line 16)		3,405,54	7. 3	,305,790.
N.	21		liabilities (Part X, line 26)		2,370,80	6. 2	,663,625.
- North	22		ssets or fund balances Subtract line 21 from tine 20.		1,034,74	1.	642,165.
and the second s	et il		gnature Block				
UIK	Di pe	native (of penury I declare that I have examined this return, including accompanying schedules a	nd Statementa, a	nd to the best of	my knowledg	e and belief it is
tn#	e com	ect, and	complete Declaration of preparer (other than officer) is based on all information of which pre	eparer has any kr	lowiedge		
					07/3:	1/2022	
Sig	n		Signature of officer		Date		
Hei	10		MICHAEL KOHLHAGEN CHIEF EXE.	OFFICER			
			Type or print name and little				
		Prinl/	Type preparer's signature	ale	Check	I PTIN	
Peid		GEN	NARO J FULVIO	07/31/202	and the second second		531238
	parer	Euma	sname FULVIO & ASSOCIATES, L.L.P.	1	Fittin's EIN 🕨 1		
Use	Only	Emmi	Inddress 5 W 37TH STREET 4TH FL NEW YORK, NY 10018		the second se	12-490-3	
Mas	/ the		iscuss this return with the preparer shown above? (see i istructions)		A. A. A. A. BRIER R. A. A. P.		
	· · · · · · · · · · · · · · · · · · ·		Reduction Act Notice, see the separate instructions.				m 990 (2020)
	. apa	. TE ST PL	in a section in the section of the s			P.9	m 220 (3 m0)

	CENTER	FOR	EDUCATIONAL	INNOVATION
--	--------	-----	-------------	------------

	990 (2020)	Page 2
Pa	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	ATTACHMENT 1	
2	Did the organization undertake any significant program services during the year which were not listed on the	e
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$))
	ATTACHMENT 2	/
4b	(Code:) (Expenses \$ 2,170,991. including grants of \$) (Revenue \$)
	ATTACHMENT 3	
4c	(Code:) (Expenses \$693,458. including grants of \$) (Revenue \$))
	ATTACHMENT 4	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 113,358. including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 3,491,054.	- 000
)E1	201.000 3873RX C546 8/15/2022 8:50:59 PM V 20-7.24	Form 990 (2020) PAGE

-	90 (2020)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
2	complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	1	X	
2	o i i i	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		x
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		Х	
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Λ	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	E		
c	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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	c		X
-	"Yes," complete Schedule D, Part I.	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
•	complete Schedule D, Part III	8		
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	_		x
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	Х	
L		11a	A	
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	446		X
-		11b		
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			X
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			x
-		11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	A	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			X
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0	Х	
		12a	Λ	-
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01-		v
4.0	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4 4 5		x
45		14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		x
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		v
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		77	1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		X
	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		v	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

JSA 0E1021 1.000 3873RX C546 8/15/2022 8:50:59 PM V 20-7.24

Form 990 (2020)

Page **4**

		Mar a	NI -
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
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	Х	
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		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	07		v
persons? If "Yes," complete Schedule L, Part III	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		Х
"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a 28b		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		21
"Yes," complete Schedule L, Part IV	28c		Х
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
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			
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		Х
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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
Part 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			X
		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
c Did the organization comply with backup withholding rules for reportable payments to vendors and			37
reportable gaming (gambling) winnings to prize winners?	1c	000	X
DE1030 1.000 3873RX C546 8/15/2022 8:50:59 PM V 20-7.24	⊦orm	990	(2020) AGE

Form 990 (2020)

Page 5

bit TYes, thas it filed a Form 980-Tior this year? If "No" to file 3b, provide an explanation on Schedule 0	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
Statements, filed for the calendar year ending with or within the year covered by this return. 2a 2b 2a 2a 2a 2a 2a 2a				Yes	No						
Statements, filed for the calendar year ending with or within the year covered by this return. 2a 2b 2a 2a 2a 2a 2a 2a	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax									
b If at least one is reported on line 22, did the organization file all required federal amployment tax returns? 20 X 3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a 3a 3b If Yes, this if lide 16 organization have unrelated business gross income of \$1.000 or more during the year? 3a 3a 4a A tany time during the calendar year, did the organization have aninterset in, or a signature or other authority over, a financial account in a foreign county (such as a bark account, securities account, or other financial account)? 4a 4a b If Yes, inter the name of the foreign county P Secienstructions for filing requirements for FhCEN Form 114, Report of Foreign Bank and Financial account)? 5a X b If Yes, ind the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5a X c If Yes's (ind the organization include with every solication an express statement that such contributions or gifts were not tax deductible accharable contributions and party for goods and services provided to the payor? 7a X b If Yes, 'idd the organization notify the donor of the value of the goods or services provided? 7a X c Did the organization and year party more of the value of the goods or services provided? 7a X d If Yes, 'idd the organization notify the donor of the value of the goods or services provided? 7a											
Note: If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions). Ja 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. Ja 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account if? Ja 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account if? Ja 5e Enstructions for filling requirements to FrGCN Form 114. Report of Foreign Bank and Financial Accounts? Sa 5a Was the organization have unnual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gins were not tax deductible? Sa X 7 Organization solicit any contributions that were not tax deductible as charitable contributions or gins vero not tax deductible? Sa X 8 If Yes,' did the organization netwe a payment in excess of 375 made parity as a contribution and parity for groganization receive a payment in excess of 375 made parity as a contribution or gins were not tax deductible? Sa X 7 Organization selle, exchange, or otherwise dispose of tangible personal benefit contra? 7b X 7 If Yes,' indicate the number of Forms \$282 filed during the year?	b		2b	Х							
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
b If "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other subnerity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). 4a 5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account). 5a 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?. 5a 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?. 5a 5a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5b X 7 Organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7a X 7b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and partly for goods and services provided to the payor? 7a X 7b If 'Yes,' did the organization netwise dispose of tangible personal ponerit contract? 7b X 7c Did the organization netwise dispose of tangible personal ponerit contract? 7t X 7f If the organization receive any timuten tin excess of \$75 made part	32		3a		Х						
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a x b) If 'Yes, 'renter the name of the foreign country > Secienstructions for financial account if the foreign country > 5a X b) Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the skeyear? 5b X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with ever not tax devicible as charitable contributions or gifts were not tax deductible' 6b X 6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible' 6b 7a X 7b Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible' 7b X 7b X 7b Yes,' did the organization receive a payment in excess of \$75 made partity as a contribution of guitable party or or which it was required to file form 8282? 7c x 7b X 7b If 'Yes,' idi dhe organization receive any funds, directly or indirectly, to pay premiums on a parsonal banefit contract? 7f X 7f											
a financial account in a foreign country (Such as a bank account, securities account, or other financial accounts (FBAR). 4 X b If 'Yes,' enter the name of the foreign country (> 5a Xa Sae instructions for filling requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b X 5c Carbos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6a X 7 Organizations that may receive doductible contributions under section 170(c). a did the organization noticy the donor of the value of the goods or services provided? 7b X 7 Did the organization noticy the donor of the value of the goods or services provided? 7b X 7b X 0 bid the organization noticy the donor of the value of the goods or services provided? 7c X 7b X 0 bid the organization noticy the donor of the value of the goods or services provided? 7c X 7b X 0 bid the organization service as payment in excess of 357 made party to, an apersonal benefit contract? 7f X 7d X 7d											
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FnCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAN). Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?. Sa X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sa X cli transaction full to reganization nave 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 or gifts were not tax deductible? Ga X 7 Organizations that ary receive deductible contributions under section 170(c). Gb X a) If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? Ta X c) Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the payor? Ta X c) Did the organization during the year, pay reminums, directly or indirectly, on a personal benefit contract? Tr X f) Did the organization receive any dunds, tienses hold ba at any time during the year? Ta X X c) Did the organization sective any funds, tiense year indirectly or indirectly, on a personal benefit contract? Tr X <t< th=""><th>τu</th><th></th><th>4a</th><th></th><th>Х</th></t<>	τu		4a		Х						
See instructions for Illing requirements for FricCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a X 5a Was the organization a partly to a prohibited tax shalter transaction at any time during the tax year? 5a X 5b Did any taxable party notify the organization file Form 886-17 Se Se 6a Does the organization bave annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and every set statement that such contributions or gifts were not tax deductible contributions under section 170(c). Bo X 7 Organization solicit any contributions notif we devery solicitation an express statement that such contributions or gifts were not tax deductible? 7b X 7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b X 7 Did the organization notify the donor of the value of the goods or services provided? 7b X 7 Did the organization neceive a payment in excess of \$75 made partly as a contribution of particelly or indirectly, to pay premiums, on a personal benefit contract? 7c x 7 Did the organization neceive any funds, directly or indirectly, or a parsonal benefit contract? 7d 7d X 7 Did the organization meevice a contribution of qualified inselectual property, did the	h										
5a Was the organization a party to a prohibiled tax shelter transaction at any time during the tax year?	Ň										
b Did any taxable party notify the organization flat it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes" to line 5a or 5b, did the organization file Form 8886-T7 5c 5c 6 Does the organization solit any contributions that were not tax deductible as charitable contributions? 6a X b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization notify the donor of the value of the goods or services provided? 7b X b If Yes," did the organization notify the donor of the value of the goods or services provided? 7b X 7c X d If Yes," indicate the number of Forms 8282 filed during the year 7d 7d 7c X 9 Did the organization receive a a party premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7t 7d X 9 Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7t X 9 Did the sponsoring organization make and staxible distributions under section 4966? 9a X Y 9 Sponsoring organization make any taxable distributions under section 4966? 9a	52										
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Dees 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 achtritable contributions or gifts were not tax deductible? 6c 7 Organizations that may receive deductible contributions under section 170(c). 6b 6c a) If "Yes," 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 X b) If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor? 7a X c) 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? 7c X d) If "Yes," indicate the number of Forms 8282 filed during the year. 7d 7e X f) Did the organization receive any function of qualified intellectual property, did the organization file Form 8290 as required 1 7f X f) Did the organization maintaining donor advised funds. Did a conor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a X g) Did the sponsoring organization maintaining donor advised funds.											
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 or gifts were not tax deductible? 6a X b If "Yes," idit he organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization notify the donor of the value of the goods or services provided? 7b X c Did the organization solid with every solicitation an express statement that such contribution and partly for goods and services provided? 7b X c Did the organization andity the donor of the value of the goods or services provided? 7b X 7c X c Did the organization notify the donor of the value of the goods or services provided? 7c X 7c X d If 'ves,' indicate the number of Forms 2282 filed during the year 7d <											
organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or glits were not tax deductible? 6b 6b 7 Organizations that may receive adductible contributions under section 170(c). a bid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a X c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X f Did the organization receive a contribution of qualified intelectual property. did the organization fiele a contribution of qualified intellectual property. did the organization fiele a service? 7a X f If the organization receive a southabution of cars, boats, airplanes, or other vehicles, did the organization fiele a service? 7a X g If the organization make any taxable distributions under section 4966? 9a X 9 Sponsoring organization make any taxable distributions under section 4966? 9a X 9b Gross receipts, included on Form 990, Part VIII, line		-									
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). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the organization notify the donor of the value of the goods or services provided? 7a X c Did the organization notify the donor of the value of the goods or services provided? 7d X c Did the organization notify the donor of the value of the goods or services provided? 7d X c Did the organization notify the donor of the value of the goods or services provided? 7d X c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d X f Did the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1089-C? 7h X g Sponsoring organizations maintaining donor advised funds. 1d 0d 8 g Sponsoring organization make any taxble distributions under section 4966? 9a X 9 Section 501(c)(7) organizations. Enter: 10a 10b 11a 11b	va		6a		х						
gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 6b a 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 X c Did the organization notify the donor of the value of the goods or services provided? 7b X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 5282? 7d X c Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? 7d X g If the organization received a contribution of qualified intellectual property, did the organization file Form 008-C2. 7h X 3 Sponsoring organization maximatining donor advised funds. 9b X 9 Sponsoring organization make and taxable distributions under section 4966? 9a X 10 the sponsoring organization make and taxable distributions under section 4966? 9a X 10 the sponsoring organization make and taxable distributions under section 4966? 9a X 11 section 501(c)(7) organizations. Enter: 10d <td< th=""><th>h</th><th>-</th><th></th><th></th><th></th></td<>	h	-									
7 Organizations that may receive deductible contributions under section 170(c). a 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 X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X c Did the organization notify the donor of the value of the goods or services provided? 7d X c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d X d If "Yes," indicate the number of Forms 8282 filed during the year. 7d X Yi X g If the organization received a contribution of qualified intellectual property, idt the organization file a Form 108-c2. 7n X g If the organization received a contribution of cars, boats, airplanes, or other vehicle, did the organization file a Form 108-c2. 7n X g Sponsoring organization maintaining door advised funds. a a X g Did the sponsoring organization make any taxable distributions under section 4966? 9a X g Did the sponsoring organizations. Enter: 10b 10b 10b 12a l Section 501(c)(72 organizations. Enter: 11b 12a 12a 12a 12a 14a <			6b								
a 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 X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d 7e X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d 7e X c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Som 889 as required? 7g 7 g If the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required? 7g 7h 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9a x 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. 10a 10a 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11a 10a 12 Section 501(c)(21) qualified nonprofit health insurance issuers. a Ita 11b 12a 10b 13 Sect	7										
and services provided to the payor? ra x b If "Yes," did the organization motify the donor of the value of the goods or services provided? rb x b Id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? rc x d If "Yes," indicate the number of Forms 8282 filed during the year rd rd x rd d If "Yes," indicate the number of Forms 8282 filed during the year rd rd x x d If "Yes," indicate the number of Forms 8282 filed during the year rd rd x x g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? rd x rd x rd x gd x x rd x rd x rd x gd x rd											
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b X c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d X d If "Yes," indicate the number of Forms 8282 filed during the year. 7d X 7e X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?, 7f X g Sponsoring organization maintaining donor advised funds. Did the sponsoring organization maintaining donor advised funds. 8g X 9 Sponsoring organization maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 8a X 9 Sponsoring organizations. Enter: 10a 10b 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b 10b 11a 11b 11b 11a 11b 11b 11b 1	u		7a	Х							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If Yes; "indicate the number of Forms 8282 filed during the year	b			Х							
required to file Form 8282? 7c x d II "Yes," indicate the number of Forms 8282 filed during the year 7d x e Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7t x g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g x g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1089-C2. 7h x 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a x 9 Sponsoring organization make any taxable distributions under section 4966? 9a x 10 dette sponsoring organizations maintaining donor advised funds. 10a 10a 10 Section 501(c)(7) organizations. Enter: 10a 10b x 11 Section 501(c)(12) organizations. Enter: 10a 10b 11a 12 Section 501(c)(12) organizations. Enter: 11b 11b 12a 13 Section 501(c)(12) organizations. Enter: 11b 11b 12a 14 Section 501(c)(2)2) qualified nonprofit health funsm in more than one state? 12a 13a x											
d If "Yes," indicate the number of Forms 8282 filed during the year	•		7c		Х						
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 personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1f X h If the organization received a contribution of quasi, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2. 7h X 8 Sponsoring organizations maintaining door advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a X 9 Did the sponsoring organizations. Enter: a loid the sponsoring organizations. Enter: 10a 10a 8 a forss income from members or shareholders 11a 10b 11b 12a 12a 12 Section 501(c)(20 organizations. Enter: a Gross income from members or shareholders 11a 11a 12a 12a 13 Section 501(c)(21) on-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12a 12a 12a 13a X 14 b organization iccesed to issue qualified health plans in more than one state? 13a X 13a X	d										
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7. 7n 2 8 Sponsoring organization maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a X 9 Sponsoring organization make any taxable distributions under section 4966? 9a X 10 the sponsoring organization make any taxable distributions under section 4966? 9b X 10 foress receipts, included on Form 900, Part VIII, line 12, for public use of club facilities 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11a 10b 12a 12a 12 Section 501(c)(12) organization line treest received or accrued during the year 12b 12a			7e		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 make any taxable distributions under section 4966? 8 X 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a X 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. 10a 9b X 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11a 11b 12a 12 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11b 12a 11b 12 Section 501(c)(12) organizations. Enter: a Inter: 11b 12a 12a 12a 13 Section 501(c)(12) organization literes or cloue of or accrued during the year 12b 12a 12a <td< th=""><th></th><th></th><th>7f</th><th></th><th>Х</th></td<>			7f		Х						
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 organizations maintaining donor advised funds. 8 X 9 Sponsoring organizations maintaining donor advised funds. 9a X 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a X 9 Did the sponsoring organizations. Enter: 10a 10b X 10 Section 501(c)(7) organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 11b 12b 12b 12a 12 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. 11a 11b 12b 12a 12 Section 501(c)(29) qualified nonprofit health surance issuers. 12b 12a 12a 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a X 14 Did the organization is licensed to issue qualified health plans . 13b 13a X			7g								
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 X 9 Sponsoring organization make any taxable distributions under section 4966? 9a X 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a X 9 Did the sponsoring organizations. Enter: a lnitiation fees and capital contributions included on Part VIII, line 12 10a 10b X 10 Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders. 11a 11b 11b 12a 12 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a X 14 Did the organization receives any payments for indoor tanning services during the tax year? 14a X 15 Is the organization is licensed to issue qualified health plans 13b 13a X 14 Did the organization	-										
sponsoring organization have excess business holdings at any time during the year? 8 X 9 Sponsoring organizations maintaining donor advised funds. 9a X a Did the sponsoring organization make any taxable distributions under section 4966? 9a X b Did the sponsoring organization make any taxable distributions under section 4966? 9b X 10 Section 501(c)(7) organizations. Enter: 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 11b 12a b Gross income from members or shareholders. 11a 11b 12a 12 Section 4947(a)(1) non-exempt charitable frusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a X 13 Section 501(c)(29) qualified health plans in more than one state? 13a X 14 Did the organization licensed to issue qualified health plans 13b 14a X 14 Did the organization sective any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration o	-										
9 Sponsoring organizations maintaining donor advised funds. 9a x a Did the sponsoring organization make any taxable distributions under section 4966? 9a x b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b x 10 Section 501(c)(7) organizations. Enter: 10a 10b 10b x 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b x 12 Section 501(c)(12) organizations. Enter: 11a 11b 11a 11a 11b 11a 11b 11a 11b 11a 11b 11b 11a 11b 11b 11a 11b 11b 11a 11b			8		Х						
b Did the sponsoring organization make any laxable distributions duer section 49001 1000000000000000000000000000000000000	9										
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a 11b 12 Section 501(c)(12) organizations. Enter: 11a a Gross income from other sources (Do not net amounts due or paid to other sources) 11b 12a 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a X Note: See the instructions for additional information the organization must report on Schedule O. 13a X Note: See the instructions for additional information the organization must report on Schedule O. 13a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in renuneration or excess parachute payment(s) during the year? 15 X 14 X If "Yes," has it filed a Form	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х						
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders. 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a X a Is the organization licensed to issue qualified health plans in more than one state? 13a X Note: See the instructions for additional information the organization must report on Schedule O. 13a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X 15 X <th>10</th> <th>Section 501(c)(7) organizations. Enter:</th> <th></th> <th></th> <th></th>	10	Section 501(c)(7) organizations. Enter:									
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	а										
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Section 501(c)(12) organizations. Enter:									
against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a X Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c 13a c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X											
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b										
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13b 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 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 16 X		-j									
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a X a Is the organization licensed to issue qualified health plans in more than one state? 13a X Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a X b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			12a								
a Is the organization licensed to issue qualified health plans in more than one state? 13a X Note: See the instructions for additional information the organization must report on Schedule O. 13b 14a 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 13b 14a c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b										
a is the organization incensed to issue qualified health plans in more than one state? 100 Note: See the instructions for additional information the organization must report on Schedule O. 13b 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 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 If "Yes," see instructions and file Form 4720, Schedule N. 16 X					37						
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 13b 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 15 X 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	а		13a								
the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X											
c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X	b										
 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Is the organization and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 											
 b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 			140		v						
 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 											
excess parachute payment(s) during the year?15XIf "Yes," see instructions and file Form 4720, Schedule N.16216X			140		- 22						
If "Yes," see instructions and file Form 4720, Schedule N.If the organization an educational institution subject to the section 4968 excise tax on net investment income?If the tax16X	15		15		x						
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			10								
is the organization an educational institution subject to the section 4900 excise tax on het investment income?	16		16		x						
	10		10								

Form **990** (2020)

	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
2001	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management	<u></u>		X
Deci	tion A. Governing bouy and Management		Yes	No
4	Enter the number of voting members of the governing body at the end of the tay year $ \mathbf{1a} = 14$			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
		-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
•	any other officer, director, trustee, or key employee?			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	-			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		х	
а	5 5 ,	8a	x X	
b		8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	 >)	
		0000	Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? • Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	Х	
b		11a 12a	X X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		X	
b 2a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			
b 2a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	x x	
b 2a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c	x x x	
b 2a b c	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13	X X X X X	
b 2a b c 3 4	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c	x x x	
b 2a b c	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13	X X X X X	
b 2a b c 3 4 5	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14	x x x x x	
b 2a b c 3 4 5 a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a	X X X X X	
b 2a b c 3 4 5	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14	x x x x x	
b 2a b c 3 4 5 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a	x x x x x	
b 2a b c 3 4 5 a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a	x x x x x	
b 2a b c 3 4 5 a b 6a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a 15b	x x x x x	X
b 2a b c 3 4 5 a b 6a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b 12c 13 14 15a 15b	x x x x x	X
b 2a b c 3 4 5 a b 6a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b 12c 13 14 15a 15b	x x x x x	X
b 2a b c 3 4 5 a b 6a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b 12c 13 14 15a 15b 16a	x x x x x	x

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 books and records ► CYNTHIA REED 369 LEXINGTON AVENUE SUITE 313 NEW YORK, NY 10017 212-302-8800

Page 7

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	an
	Independent Co	ontra	actors								

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

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	(C) Position (do not check more th box, unless person is l officer and a director/				is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MICHAEL KOHLHAGEN	40.00									
CHIEF EXECUTIVE OFFICER	0.					Х		201,638.	0.	0.
(2) ANTHONY COLES, ESQ.	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(3) SEYMOUR FLIEGEL	1.00									
TRUSTEE & PRESIDENT	0.		Х					0.	0.	0.
(4)NORMAN S.BENZAQUEN	1.00									
TRUSTEE	0.		Х					0.	0.	0.
(5) RUCHI HAZARAY	1.00									
TRUSTEE	0.		Х					0.	0.	0.
(6) ROBERT SANCHO	1.00									
TRUSTEE	0.		Х					0.	0.	0.
(7) PATRICK DUFF	1.00									
TRUSTEE	0.		Х					0.	0.	0.
(8) GELNN ABBOTT	1.00									
TRUSTEE	0.		Х					0.	0.	0.
(9) GAIL BADILLO	1.00									
TRUSTEE	0.		Х					0.	0.	0.
(10) STEVE SUSSMAN	1.00									
TRUSTEE	0.		Х					0.	0.	0.
(11) JUDY ROTH BERKOWITZ	1.00									
TRUSTEE & BOARD CHAIR	0.			Х				0.	0.	0.
(12) ALLAN MCLENNAN	1.00									
TRUSTEE	0.			Х				0.	0.	0.
(13) RUSSELL HERNANDEZ	1.00									
TRUSTEE	0.			Х				0.	0.	0.
(14)										

Form 990 (2020)

CENTER FOR EDUCATIONAL INNOVATION

Form 990 (2020)												age 8
Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	yee	es, a	and H	lig	nest Compensat	ed Employees (continue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	box, office	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee					(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga	om the anization I related inization	
		-										
		-										
		-										
		-										
		-										
		-										
		-										
		-										
		-										
		-										
		-										
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-		 	 	•••	· · ·	• • •	201,638. 0. 201,638.	0 0 0	•	. 0	
2 Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	lule J for su	ch ind	ivid	ual	••		••			3		X
4 For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> .	eater than	\$15	0,0	00?	lf If	"Yes	;," (complete Schedu	sation from the <i>le J for such</i>	4	X	
 5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i>Y 	accrue co	mpen	sati	on f	from	n any	uni	related organization		5		X
Section B. Independent Contractors	,											
1 Complete this table for your five highest con compensation from the organization. Report or year.												
(A) Name and business ad	dress							(B) Description of se	rvices	(C) Compens	ation	
ATTACHMENT 5								-		-		
							<u> </u>					_

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

Form 990 (2020)

Part VIII Statement of Revenue

Г

		Check if Schedule O	contains a respor	ise of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ស ស	1a	Federated campaigns	1a					
unt	b	Membership dues						
ũğ	c	Fundraising events		364,941.				
ifts r A	d	Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contr		1,251,606.				
Sin	f	All other contributions, gift	ts, grants,					
utio		and similar amounts not inclu	ided above . 1f	115,400.				
Gt	g	Noncash contributions inc	cluded in					
gg		lines 1a-1f	1g	\$				
ສ ບ	h	Total. Add lines 1a-1f			1,731,947.			
				Business Code				
Program Service Revenue	2a	CONSULTING INCOME		611710	2,754,105.	2,754,105.		
lerv ue	b	OTHER INCOME			123,643.	123,643.		
n S eni	с							
rar čev	d							
ро Г	е							
Ē	f	All other program service						
	g	Total. Add lines 2a-2f		· · · · · · · •	2,877,748.			
	3	Investment income (inc	•					
		other similar amounts).			-190.			-190.
	4	Income from investment			0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 61						
	c	Rental income or (loss) 6		<u> </u>				
	d	Net rental income or (loss)			0.			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7:	a					
Revenue	b	Less: cost or other basis						
ver		and sales expenses 71						
Re	C	Gain or (loss)	C		0.			
Jer	a	,	•••••	•••••	0.			
Other	8a	Gross income from	fundraising					
		events (not including \$						
		of contributions report		17 525				
		1c). See Part IV, line 18		17,535.				
	b	Less: direct expenses			0.			
	c	Net income or (loss) from	_		0.			
	9a	Gross income from activities. See Part IV, line	0 0	0.				
				0.				
	b c	Less: direct expenses Net income or (loss) from			0.			
		. ,						
	10a	Gross sales of inver returns and allowances		0.				
	h			0.				
	b c	Less: cost of goods sold . Net income or (loss) from			0.			
Ś		- (, • • • • •	- · - J	Business Code				
e ou:	11a	OTHER INCOME						
ane	b							
Miscellaneous Revenue	b c							
is R	d	All other revenue						
Σ	e	Total. Add lines 11a-11d			0.			
	12	Total revenue. See instruc			4,609,505.	2,877,748.		-190

Part IX Statement of Functional Expenses		All other errening the	no must somelate active	nn (A)
Section $501(c)(3)$ and $501(c)(4)$ organizations mus				
Check if Schedule O contains a resp			(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	91,724.	91,724.		
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	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above to disgualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	2,298,069.	1,792,467.	404,919.	100,683
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	128,388.	87,993.	33,969.	6,42
10 Payroll taxes	238,834.	163,690.	63,191.	11,95
1 Fees for services (nonemployees):				
a Management	0.			
b Legal	0.			
c Accounting	0.	07.00		
d Lobbying	97,690.	97,690.		
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 (A) amount, list line 11g expenses on Schedule O.) ATCH 6	1,440,944.	1,148,453.	233,565.	58,920
12 Advertising and promotion	0.			
13 Office expenses	0.	14 110	4.000	
4 Information technology	18,387.	14,119.	4,268.	
I5 Royalties	0.		0.240	
6 Occupancy	8,340. 22,204.	21,558.	8,340.	
7 Travel	22,204.	21,550.	040.	
18 Payments of travel or entertainment expenses	0.			
for any federal, state, or local public officials	310.	109.	201.	
9 Conferences, conventions, and meetings	0.		201.	
20 Interest	0.			
21 Payments to affiliates 22 Depreciation, depletion, and amortization	5,256.		5,256.	
13 Insurance	23,553.		23,553.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aSTUDENT ACTIVITIES	1,320.	1,320.		
b ^{MISC.} ACTIVITIES	11,873.	175.	11,698.	
cBAD DEBT	45,050.		45,050.	
dTELEPHONE	28,968.	14,177.	14,791.	
e All other expenses	70,274.	57,579.	12,647.	4
 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and 	4,531,184.	3,491,054.	862,094.	178,030
fundraising solicitation. Check here if				
following SOP 98-2 (ASC 958-720)	0.			

Ο.

following SOP 98-2 (ASC 958-720)

m 990 (CENTER FOR EDUCATIONAL INNOVATION 2020)		13-4	113613 Page 1
art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		<u></u>
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	0.	1	
2	Savings and temporary cash investments.	975,056.	2	1,027,96
3	Pledges and grants receivable, net	0.	3	
4	Accounts receivable, net.	1,890,582.	4	1,613,54
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	
7	Notes and loans receivable, net	0.	7	
7 8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred chargesATCH.7	16,478.	9	18,00
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 118,601.			
b	Less: accumulated depreciation	28,307.	10c	6,90
11	Investments - publicly traded securities	495,124.	11	639,36
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	0.	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,405,547.	16	3,305,79
17	Accounts payable and accrued expenses	1,960,106.	17	2,046,12
18	Grants payable	0.	18	
19	Deferred revenue.	0.	19	
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%	_		
22	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	110 700		617,50
	of Schedule D	410,700.	25	2,663,62
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X	2,370,806.	26	2,003,62
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	914,504.	27	516,40
28	Net assets with donor restrictions	120,237.	28	125,76
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	1,034,741.	32	642,16
33	Total liabilities and net assets/fund balances	3,405,547.	33	3,305,79

Form **990** (2020)

(CENTER	FOR	EDUCATIONAL	INNOVATION
		1 010	TD00111101010111	TIM 0 111 TOIN

Form 99	90 (2020)			Paę	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		09,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,5	31,1	84.
3	Revenue less expenses. Subtract line 2 from line 1	3		78,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,0	34,7	41.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	-4	70,8	97.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	6	42,1	65.
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," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were con				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	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 audi				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	visiant of			
U	the audit, review, or compilation of its financial statements and selection of an independent accounta	-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
20		rth in the			
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	ui in me	3a		Х
L	Single Audit Act and OMB Circular A-133?	orgo tha			
D		•	3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		55		

Form **990** (2020)

 SCHEDULE A (Form 990 or 990-EZ)
 Public Charity Status and Public Support

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

OMB No. 1545-0047 2020

	ment of the Treasury		 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 						
	I Revenue Service	,	- 60 to mm			ne latest i	1	Inspection	
	of the organization						Employer identif		
				organizations must	complet	to this n			
Part			. (organizations must			,	5.	
1 [<u> </u>	•		t is: (For lines 1 through tion of churches does		•			
- F				tion of churches desc					
2				. (Attach Schedule E	-				
3				rganization described conjunction with a hose				(iii) Entar tha	
4		•	•	conjunction with a no	spital de	scribed if		(III). Enter the	
5 [hospital's nam	•				d or one	rated by a gavarama	ental unit described ir	
5			Complete Part II.)	a college of universit	ly Owned	u or ope	a governine		
6				rnmental unit describe	d in sact	ion 170/	b)(1)(A)(y)		
		-	-			-		om the general public	
' [(1)(A)(vi). (Compl			Jili a yo			
8				b)(1)(A)(vi). (Complete	Part II)				
9				ed in section 170(b)(1		nerated	Lin conjunction with a	land-grant college	
•			-	griculture (see instruct		-			
	university:		grant conege of ag		полоў. Е		name, eity, and etate e	The bollege of	
10		on that norma	Ilv receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	ip fees, and gross	
	receipts from	activities rela	ted to its exempt f	functions, subject to c	ertain ex	ceptions	s; and (2) no more that	n 331/3 % of its	
				nrelated business tax 975. See section 509				businesses	
11		0		usively to test for publ			,		
12	-	•						carry out the purposes	
L		-	-		-			See section 509(a)(3).	
								nes 12e, 12f, and 12g.	
а			-	, supervised, or contr			-	-	
			•	regularly appoint or e			•		
		-		e Part IV, Sections A					
b		-	-	ed or controlled in co		with its	supported organizati	on(s), by having	
				organization vested in					
				, Sections A and C.		•		0 11	
с	Type III fund	ctionally inte	grated. A supporti	ng organization opera	ated in co	onnectio	n with, and functiona	lly integrated with,	
	its supporte	d organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Sectio	ons A, D, and E.		
d	Type III non	-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)	
	that is not fu	unctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness	
	requirement	(see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.		
е	Check this b	oox if the orga	anization received	a written determinatio	on from t	he IRS th	hat it is a Type I, Type	II, Type III	
				ionally integrated sup					
			-						
				orted organization(s).	1		1	1	
(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
				above (see instructions))		ment?	instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

13-4113613

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,274,659.	5,364,280.	2,216,350.	1,990,322.	1,872,425.	17,718,036.
2	Tax revenues levied for the 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	Total. Add lines 1 through 3	6,274,659.	5,364,280.	2,216,350.	1,990,322.	1,872,425.	17,718,036.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6	Public support. Subtract line 5 from line 4						17,718,036.
	tion B. Total Support	() 00 (0	(1) 00 (7	() 22/2	())	() 2222	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	6,274,659.	5,364,280.	2,216,350.	1,990,322.	1,872,425.	17,718,036.
	similar sources	440.	3,772.	3,303.	22.	-190.	7,347.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						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						17,725,383.
12	Gross receipts from related activities, etc. (s	ee instructions) .			[12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>				
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2020 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	99.96 %
15	Public support percentage from 2019		•		-	15	99.93%
16a	331/3% support test - 2020. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	
	Part VI how the organization meets t			•	•		upported
_	organization						•••• L
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			-			
4.6	organization						· · · ► □
18	Private foundation. If the organizatio						
	instructions						<u> P 🖂</u>

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Support Schedule for Organizations Described in Section 509(a)(2) Part III (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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is fo	r the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						<u></u> ▶
Sec	tion C. Computation of Public Sup	•					
15	Public support percentage for 2020 (line 8					15	%
16	Public support percentage from 2019 Sche					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2020 (li					17	%
18	Investment income percentage from 2019					18	%
19 a	331/3% support tests - 2020. If the o	-					
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2019. If the org						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,			
JSA 0E122	^{1 1.000} 3873RX C546 8/15/2022 8	:50:59 DM	V 20-7 04		S	Schedule A (Form 9	90 or 990-EZ) 2020 PAGE 1
			v 20 /.24				ד הסטיד

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Vac	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	brganization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Cheo	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а		The organization satisfied the Activities Test. Complete line 2 below.		,	
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uctions	s).
					,
2	2 Activities Test. Answer lines 2a and 2b below.				

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

JSA	0E1230 1.000						
	3873RX	C546	8/15/2022	8:50:59	PM	V	20-7.24

13-4113613

2

Page 5

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organi	g trust on	Nov. 20, 1970 (<i>expla</i>	,
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		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check berg if the current year is the organization's first as a non-functional		(·

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

Schedule A (Form 990 or 990-EZ) 2020

-	le A (Form 990 or 990-EZ) 2020	0			Page 7
Part		Supporting Organizat	tions (continued)		•
	on D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Page 8

Schedule A (Form 990 or 990-EZ) 2020

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 IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

CENTER FOR EDUCATIONAL INNOVATION

13-4113613

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Employer identification number 13-4113613

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED STATES DEPARTMENT OF EDUCATION		Person X Payroll
	400 MARYLAND AVE SW	\$638,484.	Noncash
	WASHINGTON, DC 20202		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PAYCHECK PROTECTION PROGRAM		Person
	C/O FIRST REPULIC BANK 111 PINE STREET	\$260,700.	Payroll Noncash
	SAN FRANCISCO, CA 94111		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHARLES HAYDEN FOUNDATION		Person
	140 BROADWAY	\$75,000.	Payroll Noncash
	NEW YORK, NY 10005		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	NYC CULTURAL AFFAIRS -CASA GRANT		Person
	31CHAMBERS STREET, SECOND FLOOR	\$40,000.	Payroll Noncash
	NEW YORK, NY 10007		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NY CITY COUNCIL		Person
	31 CHAMBERS STREET, SECOND FLOOR	\$259,000.	Payroll Noncash
	NEW YORK, NY 10007		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	LFH FOUNDATION		Person
	233 ROCK ROAD, PMB 133	\$60,000.	Payroll Noncash
	GLEN ROCK, NJ 07452	φ	(Complete Part II for noncash contributions.)

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

Employer identification	numbe
13-4113613	

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HEYMANN WOLF FOUNDATION		Person X Payroll
	211 CENTRAL PARK WEST		Noncash
	NEW YORK, NY 10024		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MARILYN & JIM SIMONS FOUNDATION		Person X
	25 EAST 22 ND STREET	\$	Payroll Noncash
	NEW YORK, NY 10010		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
(a)	(b)	(c)	(Complete Part II for noncash contributions.) (d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for
(a)	(b)	(c)	noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)

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

Name of organization CENTER FOR EDUCATIONAL INNOVATION

Employer identification number 13-4113613

Page 3

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)	Page 4
Name of organization CENTER FOR EDUCATIONAL INNOVATION	Employer identification number
	13-4113613
Part III Exclusively religious, charitable, etc., contributions to organizations described	t in section 501(c)(7), (8), or
(10) that total more than \$1,000 for the year from any one contributor. Comp	blete columns (a) through (e) and

	duplicate copies of Part III if additio		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4 Re	elationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4 Re	elationship of transferor to transferee
_			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP + 4 Re	elationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			· · · · ·

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

Department of the Trea	asury	plete if the organization is described b Go to www.irs.gov/Form990 for		to Form 990 or Form 990-E atest information	oponitoriabilo
Internal Revenue Servio		on Form 990, Part IV, line 3, or Form			Inspection
		: Complete Parts I-A and B. Do not comp		o (Fontical Campaign Activit	ies), tileli
 Section 501(c) 	(other than sect	ion 501(c)(3)) organizations: Complete l	Parts I-A and C below.	Do not complete Part I-B.	
 Section 527 or 	ganizations: Com	plete Part I-A only.			
U	,	' on Form 990, Part IV, line 4, or Form	, ,		
()	., .	that have filed Form 5768 (election un		•	•
()	., .	that have NOT filed Form 5768 (electi	•	., .	•
Tax) (See separate		' on Form 990, Part IV, line 5 (Proxy n	Tax) (See separate ii	nstructions) or Form 990-E	Z, Part V, line 35C (Proxy
<i>,</i>		anizations: Complete Part III.			
Name of organization	n			Employer ider	ntification number
CENTER FOR E	DUCATIONAL	INNOVATION		13-4113	8613
Part I-A Con	nplete if the	organization is exempt under	section 501(c) or	is a section 527 orgar	nization.
1 Provide a de	escription of the	organization's direct and indirect p	olitical campaign a	ctivities in Part IV. (See ir	structions for
definition of	"political campa	aign activities")			
		expenditures (See instructions)			
		campaign activities (See instructio			
		organization is exempt under s			
1 Enter the an	nount of any ex	cise tax incurred by the organizatio	n under section 495	5▶\$	
		cise tax incurred by organization m			
-		a section 4955 tax, did it file Form	-		
					Yes No
,	cribe in Part IV.				
	•	organization is exempt under	· //	• • • • • • •).
		expended by the filing organization			
2 Enter the an	nount of the filir	ng organization's funds contributed ies	to other organization	ons for section	
		enditures. Add lines 1 and 2. Ent			
		enultures. Adu intes i anu z. En			
		e Form 1120-POL for this year?			
5 Enter the na	mes, addresses	and employer identification numb	er (EIN) of all section	on 527 political organiza	ations to which the filing
		ts. For each organization listed, en			
		tributions received that were prom nd or a political action committee (
		T · · · · · · · · · · · · · · · · · · ·			
(a) Na	ame	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
				,	delivered to a separate
					political organization. If
					none, enter -0
(1)			-		
(2)			-		
(3)			-		
(4)			-		
(5)			-		
(0)					
(6)			{		
	hundler Archief	a see the local sector of the sector	- 000 57		0 /E
For Paperwork Rec	auction Act Notic	e, see the Instructions for Form 990 o	990-EZ.	Schedule	e C (Form 990 or 990-EZ) 2020

Political Campaign and Lobbying Activities

JSA							
0E1264		CEAG	8/15/2022	0.00.00	ъм	57	20 7 24
	72 / OC	C540	0/15/2022	0.20.29	РМ	v	20-7.24



OMB No. 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

· ·	 	 	,	

I

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Sch	edule C (Form 990 or 990-EZ) 2020 CENTE	R FOR EDUCATIONAL INNOVATION	13-4	
P	art II-A Complete if the organizat section 501(h)).	ion is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		elongs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group mem	per's name,
В	Check ► if the filing organization c	necked box A and "limited control" provisions app	oly.	
		bying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	 Total lobbying expenditures to influence Total lobbying expenditures (add lines Other exempt purpose expenditures Total exempt purpose expenditures (add lines) 	e public opinion (grassroots lobbying) e a legislative body (direct lobbying) 1a and 1b) dd lines 1c and 1d) he amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is			
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
	Subtract line 1g from line 1a. If zero or Subtract line 1f from line 1c. If zero or	25% of line 1f) less, enter -0- ess, enter -0- o on either line 1h or line 1i, did the organiza	tion file Form 4720	
	reporting section 4911 tax for this year	?		Yes No
		4-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column (e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2020

Page 3

Schedule C (Form	990	or	990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		(8	a)	(b)	
	cription of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X		
с	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
a	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	Х		97,690	
i	Total. Add lines 1c through 1i			97,690	
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х		
-	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection	

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			

Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or s	ectio	n
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	't III-A	A, line 3, is
	answered "Yes."		

nts from members	1
oying and political expenditures (do not include amo	ints of
tion 527(f) tax was paid).	
	2a
n 6033(e)(1)(A) notices of nondeductible section 162(e) de	es 3
t on line 2c exceeds the amount on line 3, what portion	of the
o carryover to the reasonable estimate of nondeductible	
	4
ical expenditures (See instructions)	
at on line 2c exceeds the amount on line 3, what portions or carryover to the reasonable estimate of nondeductible	of the obbying 4

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Page 4

Schedule C (Form 990 or 990-EZ) 2020

Part IV Supplemental Information (continued)

PART II-B, LINE 1

CEI USES A LAW FIRM TO MEET ON ITS BEHALF WITH NEW YORK STATE ASSEMBLY AND SENATE MEMBERS TO SECURE FUNDING THROUGH SPECIAL LEGISLATIVE GRANTS TO SUPPORT PROJECT BOOST, WHICH IS A SCHOOL-BASED PROGRAM FOR NYC PUBLIC SCHOOL MIDDLE GRADE LEVEL STUDENTS. CEI DOES NOT USE THIS FIRM TO INFLUENCE OR CHANGE PUBLIC OPINION.

SCHEE	DULE D
(Form	990)

Department of the Treasury

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.

Open to Public

2

OMB No. 1545-0047

20

	al Revenue Service	► Go to www.irs.gov	/Form990 for instructions and the latest infor	mation. Inspection
	of the organization	•		Employer identification number
CEN	TER FOR EDUCA	ATIONAL INNOVATION		13-4113613
Ра	rt I Organiza	tions Maintaining Donor Adv	ised Funds or Other Similar Funds o	r Accounts.
		e if the organization answered	"Yes" on Form 990, Part IV, line 6.	
	·		(a) Donor advised funds	(b) Funds and other accounts
I	Total number at e	nd of year		
2		of contributions to (during year)		
3		of grants from (during year)		
1		at end of year		
5		-	advisors in writing that the assets held	in donor advised
-	-		e organization's exclusive legal control?	
5	-		and donor advisors in writing that grant f	
-	-	-	fit of the donor or donor advisor, or for a	
Pa		ation Easements.		
			"Yes" on Form 990, Part IV, line 7.	
			organization (check all that apply).	
	Preservatio	n of land for public use (for example	, recreation or education) Preservation	of a historically important land area
		of natural habitat		of a certified historic structure
	Preservatio	n of open space		
2			eld a qualified conservation contribution in	n the form of a conservation
		last day of the tax year.		Held at the End of the Tax Year
а	Total number of c	onservation easements		2a
b			8	2b
с	-		historic structure included in (a)	2c
d			acquired after 7/25/06, and not on a	
			´	2d
3		_	nsferred, released, extinguished, or term	ninated by the organization during the
	tax year 🕨		-	
ŧ.	Number of states	where property subject to conse	rvation easement is located ▶	
5	Does the organiz	ation have a written policy reg	parding the periodic monitoring, inspec	tion, handling of
	violations, and enf	forcement of the conservation ea	sements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conservation easements during the year
	►			
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year
	▶\$			
3	Does each conser	vation easement reported on line 2	2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes 📖 No
)	In Part XIII, descr	ibe how the organization reports	conservation easements in its revenue an	d expense statement and
			of the footnote to the organization's finance	cial statements that describes the
		counting for conservation easeme		
Pa			of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 8.	
la	If the organization	n elected, as permitted under FA	SB ASC 958, not to report in its revenu	ue statement and balance sheet works
	service, provide in	Part XIII the text of the footnote	ts held for public exhibition, education, to its financial statements that describes t	hor research in furtherance of public these items.
b			ASB ASC 958, to report in its revenue s	
	art, historical trea	sures, or other similar assets he	ld for public exhibition, education, or res	
	provide the follow	ring amounts relating to these iter	ns:	
	.,			
2	If the organizatio	n received or held works of a	rt, historical treasures, or other similar	assets for financial gain, provide the
	following amounts	s required to be reported under F	ASB ASC 958 relating to these items:	
а				▶\$
b	Assets included in	n Form 990. Part X		▶\$

Schedule D (Form 990) 2020

CENTER FOR EDUCATIONAL INNOVATION

13-4113613

Scher	dule D (Form 990) 2020	ER FOR EDUCA.			101				13 111	5015	P	age 2
		a Collections of	Art Histo	rical Tre	asures	or C	Other	Similar A	ssets (c	ontinue		aye Z
3	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its											
Ũ	collection items (check all that apply)				t any or		1011011	ing that in	laite eigi	intourit u		1 110
а	Public exhibition		d	loan	or excha	nae p	roorar	n				
b	Scholarly research		e	Other		• •	•					
c	Preservation for future general	tions	•									
4	Provide a description of the organiz		and evol	ain how t	hov furt	thar th	he orc	anization's	avamn	nurnos	in	Part
-	XIII.				iney full			Janization	s evenib		5 111	ian
5	During the year, did the organization	colicit or receive o	lonations o	fort bict	orical tra			thar cimil				
5	assets to be sold to raise funds rather								_	Vaa		No
Do			aineu as pa		Jiganiza	llions	collec			Yes		No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form											
	990, Part X, line 21.										111	
1a	Is the organization an agent, truste											
	included on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement in I	Part XIII and comp	plete the fol	lowing tab	ole:							
									Amount			
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year				[1e						
f	Ending balance				[1f						
2a	Did the organization include an amou	unt on Form 990,	Part X, line	21, for e	scrow o	r cust	odial	account lia	bility?	Yes		No
b	If "Yes," explain the arrangement in I	Part XIII. Check he	ere if the ex	xplanation	has bee	en prov	vided o	on Part XIII				
Pa	rt V Endowment Funds.											
	Complete if the organization	on answered "Ye	es" on For	m 990, F	Part IV, I	line 1	0.					
		(a) Current year	(b) Prio	r year	(c) Two	years b	back	(d) Three ye	ears back	(e) Four y	ears b	back
1a	Beginning of year balance											
	Contributions											
	Net investment earnings, gains,											
·	and losses											
Ь	Grants or scholarships											
	Other expenditures for facilities											
Ŭ	and programs											
f	Administrative expenses											
	End of year balance											
2	Provide the estimated percentage of		and halance	e (line 1a	column	(a)) he	old as:					
a	Board designated or quasi-endowme		%	o (into 19,	oolamii	(u)) IR						
b	Permanent endowment	%	_									
с	Term endowment %	/ 0										
	The percentages on lines 2a, 2b, and	d 2c should equal '	100%.									
3a	Are there endowment funds not in th			tion that	are held	and a	admin	istered for	the			
	organization by:	•	U							Y	'es	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related									3b		
4	Describe in Part XIII the intended use	-										
Pa	rt VI Land, Buildings, and Equip Complete if the organization	pment.				line 1	112 9	See Form	000 Pa	rt X line	10	
	Description of property	(a) Cost or		1	or other bas			umulated) Book valu		
		(inves			ther)			ciation	,			
1a	Land											
b	Buildings											
С	Leasehold improvements				4	_		0 = 5 =				0.0
d	Equipment.				15,69	5.		8,787.			6,9	08.
	Other											
Tota	I. Add lines 1a through 1e. (Column (d) must equal Form	n 990, Part	X, colum	n (B), line	e 10c.)	<u></u>			6,9	08.

Schedule D (Form 990) 2020

JSA 0E1269 1.000

Schedule D (Form 990) 2020			Page 3
Part VII Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11b. See Form 990, I	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
(T) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered	d "Yes" on Form 990	⊥ 0, Part IV, line 11c. See Form 990, I	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuatio	n:
· · · · · · · · · · · · · · · · · · ·		Cost or end-of-year market	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered	d "Yes" on Form 99() Part IV line 11d See Form 990 I	Part X line 15
•	escription		(b) Book value
(1)			(1) 20011 10100
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)	<u></u>	
Part X Other Liabilities.			
Complete if the organization answered line 25.		J, Part IV, line 11e or 11f. See Form	
	ption of liability		(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE ADVANCE			467,503.
(3) LOAN PAYABLE			150,000.
(4)			
(5)			
(6) (7)			
(7) (8)			
(8) (9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.))	_	617,503.
		· · · · · ·	
 Liability for uncertain tax positions. In Part XIII, provide the organization's liability for uncertain tax positions under FASB 		-	

Schedu	le D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	۱.	
1	Total revenue, gains, and other support per audited financial statements	1	4,609,505.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,609,505.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	4,609,505.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,531,184.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,531,184.
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	4,531,184.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		
∠; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	lation.	

OTHER EXPENSES

LOSS ON ABANDONMENT OF OFFICE LEASE -454754

LOSS ON DISPOSAL OF ASSET -16143

Part XIII Supplemental Information (continued)

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		he organization answer organization entered n				9, or if the	2020
Department of the Treasury				or Form 99			Open to Public
Internal Revenue Service	► G	to to www.irs.gov/Form	990 for instr	uctions and	the latest information.		Inspection
Name of the organization		TITON				Employer identificat	
CENTER FOR EDUCA	g Activities. Comp		zotion or	owered "	Vaa" on Earm 00	13 - 4113613	
	EZ filers are not re					90, Fait IV, Illie	
1 Indicate whether	the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
a Mail solicitat	tions	е			non-government g		
	email solicitations	f			government grant	S	
c Phone solici		g		cial fundra	ising events		
d 🛄 In-person so							
b If "Yes," list the	s listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No
(i) Name and addr or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
			Yes	No		col. (i)	
1			Tes				
2							
3							
4							
5							
6							
7							
8							
9							
10							
		1	1	1			
Total				►	433,076.	. 64,000	. 369,076.
	which the organiza			to solicit	contributions or	has been notified	d it is exempt from

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

 JSA 0E1281 1.000
 3873RX C546
 8/15/2022
 8:50:59 PM
 V 20-7.24

13-4113613

Ра	rt II Fundraising Events. Complete more than \$15,000 of fundra events with gross receipts grea	ising event contributi			
		(a) Event #1 GALA	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a	-	(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	382,476.			382,476
R	 2 Less: Contributions 3 Gross income (line 1 minus line 2) 	382,476.			382,476
	line 2)	502,170.			502,170
	4 Cash prizes				
	5 Noncash prizes				
səsue	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
Direc	8 Entertainment				
	9 Other direct expenses	17,535.			17,535
	 Direct expense summary. Add line Net income summary. Subtract line 	es 4 through 9 in colui le 10 from line 3. colu	mn (d) mn (d)		17,535 364,941
	rt III Gaming. Complete if the orga	anization answered ""			
0	\$15,000 on Form 990-EZ, line	e 6a.			(d) Total gaming (add
Revenue	-	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1 Gross revenue				
penses	2 Cash prizes				
Expen	3 Noncash prizes				
Direct I	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %	Yes%	Yes% No	
	7 Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8 Net gaming income summary. Sul	btract line 7 from line	1, column (d)		
9 a b	······ ··· ··· ··· ··· ··· ··· ··· ···	duct gaming activities	in each of these state	s?	YesNo
10a	Were any of the organization's gaming		ended, or terminated du	ring the tax year?	Yes

Schedule G (Form 990 or 990-EZ) 2020

CENTER	FOR	EDUCATIONAL	INNOVATION

	CENTER FOR EDUCATIONAL INNOVATION	T2-4TT	3013	
Sched	ule G (Form 990 or 990-EZ) 2020			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit			
	formed to administer charitable gaming?	•	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
		120		%
a	The organization's facility			<u>~</u> %
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book	s and		
	records:			
	Name			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives g	aming		
	revenue?		Yes	No
h	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
D	amount of gaming revenue retained by the third party \blacktriangleright \$			
-	amount of gaming revenue retained by the third party $\mathbf{P} = 5$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	•			
а	Is the organization required under state law to make charitable distributions from the gaming pro			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	inizations		
	or spent in the organization's own exempt activities during the tax year > \$			
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	nal inforr	mation	
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2020

SCHEDULE I (Form 990)				Assistance t				OMB No. 1545-0047
(Form 990)			•	ndividuals in				2020
	Comp	Diete if the or	-	wered "Yes" on F tach to Form 990		, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go f		/Form990 for the I		L		Inspection
Name of the organization						•	Employer identificat	
CENTER FOR EDUC	CATIONAL INNOVATION						13-411361	.3
Part I General I	nformation on Grants and	d Assistance	9					
1 Does the organi	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
-	teria used to award the grant			-	-			X Yes No
2 Describe in Part	t IV the organization's proced	lures for mon	itoring the use	of grant funds in the	e United States.			
Part II Grants a	nd Other Assistance to D	omestic Org	ganizations ar	d Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, li	ne 21, for any recipient th	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.	
	ad address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FREDERICK DOUGLAS	SS ACADEMY							
2581 ADAM CLAYTON	N POWELL JR BLVD	31-1722263		35,197.				AFTER SCHOOL PROGRAM
_(2)		_						
(3)								
(4)								
(5)		-						
(6)		_						
(7)		_						
(8)								
(9)		_						
(10)		-						
(11)		-						
(12)								
	per of section 501(c)(3) and goer of other organizations list	-	-					<u> </u>
	on Act Notice, see the Instructi							hedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

 nation ree	nation required in Part I,	nation required in Part I, line 2, Part III, c	nation required in Part I, line 2, Part III, column (b); and any c

Page **2**

(Form 990) For certain Officers, Director Comp ► Complete if the organization ► At			ISation Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990. 990 for instructions and the latest information.	23.	DMB No. 20 Open to Insp	20 Put	blic
	of the organization			Employer identification			
	-	UCATIONAL INNOVATION		13-4113613			
Part		s Regarding Compensation			-		
		5 5 1				Yes	No
	990, Part VII, First-cla Travel fo X Tax inde Discretio	Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th ement or provision of all of the ex	by ided any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as maid, ch me organization follow a written policy repenses described above? If "No," com	y these items. personal use nal residence on fees auffeur, chef) egarding payment plete Part III to			
	explain		· · · · · · · · · · · · · · · · · · · ·		1b		
2	-		to reimbursing or allowing expenses	-			
		stees, and oncers, including the CEC	D/Executive Director, regarding the items	checked on line			
3	Indicate which organization's related organ X Comper Indepen	n, if any, of the following the organization CEO/Executive Director. Check all that	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study X Approval by the board or compensation	ods used by a art III.	2		
4	organization of	or a related organization:	Part VII, Section A, line 1a, with respect to	-			
а			ayment?		4a		X
b			tal nonqualified retirement plan?		4b		X
С	If "Yes" to an	y of lines 4a-c, list the persons and pr	sed compensation arrangement?		4c		
5	compensatior	n contingent on the revenues of:	on A, line 1a, did the organization pa		,		
					5a		X
b	•	-			5b		X
6	For persons compensation	n contingent on the net earnings of:	on A, line 1a, did the organization pa				X
a h					6a		X
b	If "Yes" on lin	e 6a or 6b, describe in Part III.			6b		
7			n A, line 1a, did the organization prov				X
8	Were any am	ounts reported on Form 990, Part VII,	escribe in Part III paid or accrued pursuant to a contract the	at was subject	7		
		-	Regulations section 53.4958-4(a)(3)? If				x
9	If "Yes" on I	ine 8, did the organization also foll	low the rebuttable presumption proced	lure described in			
	iteguiations s				9		L

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

Schedule J (Form 990) 2020

13-4113613

Page 2

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MICHAEL KOHLHAGEN	(i)	201,638.	0.	0.			201,638.	
1CHIEF EXECUTIVE OFFICER ((ii)	0.	0.	0.		25,970.	25,970.	
	(i)							
2	(ii)							
	(i)							
	(ii)							
	(i)							
4 ((ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
12 ((ii)							
	(i)							
13 ((ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



Internal Revenue Service	ormation about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir	s.gov/form990. Inspection
Name of the organization		Employer identification number
CENTER FOR EDUCATIONAL	INNOVATION	13-4113613

FORM 990 PART VI, SECTION B,LINE 11B

A DRAFT OF IRS FORM 990 WAS DISCUSSED AND REVIEWED WITH THE BOARD OF TRUSTEES' FINANCE/AUDIT COMMITTEE. SUBSEQUENTLY IT WAS PROVIDED TO THE FULL BOARD OF TRUSTEES FOR REVIEW, DISCUSSION, AND NOTATION OF PROPOSED CHANGES. THE BUSINESS OFFICE IS RESPONSIBLE FOR THE PREPARATION OF FORM 990, AND PRESENTED THE DOCUMENT TO BOTH THE FINANCE/AUDIT AND ADMINISTRATIVE COMMITTEE AND BOARD OF TRUSTEES. A FINAL COPY WAS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF TRUSTEES.

FORM 990 PART VI, SECTION B, LINE 12C

ON AN ANNUAL BASIS, ANY CONFLICT OF INTEREST CONCERNS ARE REVIEWED AND RESOLVED ALL BOARD MEMBERS, OFFICERS, KEY EMPLOYEES, AND PROGRAM DIRECTORS ARE REQUIRED TO COMPLETE, AND SIGN, A DISCLOSURE STATEMENT, WHICH IS REVIEWED BY THE PRESIDENT AND CEO. ALL REAL/POTENTIAL CONFLICTS WILL BE ADDRESSED ON A CASE-BY-CASE BASIS WITH THE MEMBER IN CONFLICT EXCUSED FROM VOTING. THERE WERE NO SITUATIONS OF THIS NATURE FOR THE 2021 FISCAL YEAR.

PART III , LINE -ORGANIZATION'S MISSION EFFECTIVE PUBLIC EDUCATION IS ESSENTIAL TO THE SUCCESS OF A DEMOCRATIC SOCIETY. THE MISSION OF CENTER FOR EDUCATIONAL INNOVATION (CEI) IS THREEFOLD: 1) ASSIST PUBLIC SCHOOLS IN NEW YORK CITY AND OTHER COMMUNITIES IN IMPROVING THE QUALITY OF PUBLIC EDUCATION. OUR PROFESSIONAL EXPERIENCE AND EXPERTISE HELP SCHOOLS

Schedule O (Form 990 or 990-EZ) 2020			
Name of the organization	Employer identification number		
CENTER FOR EDUCATIONAL INNOVATION	13-4113613		

TO CREATE MORE PRODUCTIVE ENVIRONMENTS IN WHICH STUDENTS THRIVE ACADEMICALLY, SOCIALLY AND EMOTIONALLY. WITH OUR SUPPORT, SCHOOLS DEVELOP BETTER LEADERSHIP, BETTER TEACHING AND BETTER SYSTEMS OF ACCOUNTABILITY; 2) BASED UPON CEI'S WORK WITH INDIVIDUAL SCHOOLS, ADVOCATE FOR POLICIES AND PRACTICES THAT WILL LEAD TO SUCCESSFUL SCHOOLS; 3) PROVIDE INFORMATION TO THE PUBLIC ABOUT THE IMPORTANCE OF QUALITY PUBLIC EDUCATION AND THE MEANS OF ACHIEVING IT. TO THOSE ENDS, CEI ASSISTS LARGE SCHOOLS TO RESTRUCTURE INTO SETS OF SMALLER LEARNING COMMUNITIES, WORKS WITH TEAMS TO CREATE AND DEVELOP CHARTER SCHOOLS, TRAINS PRINCIPALS IN EFFECTIVE LEADERSHIP SKILLS, AND FACILITATES COLLABORATION BETWEEN TRADITIONAL PUBLIC SCHOOLS AND INDEPENDENT CHARTER SCHOOLS.

FORM 990, PART VI SECTION B, LINE 15A COMPENSATION OF CEI'S CEO IS BASED UPON A COMPENSATION REPORT. THIS WAS LAST PREPARED AND PRESENTED FOR REVIEW IN FISCAL YEAR 2020.

FORM 990, PART VI, SECTION C, LINE 13 THESE DOCUMENTS ARE AVAILABE UPON REQUEST.

FORM 990 PART XI LOSS ON ABANDONMENT OF OFFICE LEASE -454754 LOSS ON DISPOSAL OF ASSET -16143

Schedule O	(Form	990 or	990-EZ)	2020
------------	-------	--------	---------	------

Name of the organization

Employer identification number 13-4113613

ATTACHMENT 1

CENTER FOR EDUCATIONAL INNOVATION

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

EFFECTIVE PUBLIC EDUCATION IS ESSENTIAL TO THE SUCCESS OF A DEMOCRATIC SOCIETY. THE MISSION OF CENTER FOR EDUCATIONAL INNOVATION (CEI) IS THREEFOLD: 1) ASSIST PUBLIC SCHOOLS IN NEW YORK CITY AND OTHER COMMUNITIES IN IMPROVING THE QUALITY OF PUBLICEDUCATION. OUR PROFESSIONAL EXPERIENCE AND EXPERTISE HELP SCHOOLS TO CREATE MORE PRODUCTIVE ENVIRONMENTS IN WHICH STUDENTS THRIVEACADEMICALLY, SOCIALLY AND EMOTIONALLY. WITH OUR SUPPORT, SCHOOLS DEVELOP BETTER LEADERSHIP, BETTER TEACHING AND BETTER SYSTEMS OFACCOUNTABILITY; 2) BASED UPON CEI'S WORK WITH INDIVIDUAL SCHOOLS, ADVOCATE FOR POLICIES AND PRACTICES THAT WILL LEAD TO SUCCESSFUL SCHOOLS; 3) PROVIDE INFORMATION TO THE PUBLIC ABOUT THE IMPORTANCE OF QUALITY PUBLIC EDUCATION AND THE MEANS OF ACHIEVING IT. TO THOSEENDS, CEI ASSISTS LARGE SCHOOLS TO RESTRUCTURE INTO SETS OF SMALLER LEARNING COMMUNITIES, WORKS WITH TEAMS TO CREATE AND DEVELOP CHARTER SCHOOLS, TRAINS PRINCIPALS IN EFFECTIVE LEADERSHIP SKILLS, AND FACILITATES COLLABORATION BETWEEN TRADITIONAL PUBLIC SCHOOLSAND INDEPENDENT CHARTER SCHOOLS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

PARTNERSHIP FOR INNOVATION IN COMPENSATION FOR CHARTER SCHOOLS (TIF/PICCS)- THROUGH THE PICCS PROGRAM CEI HAS BEEN ABLE TO SUPPORT EDUCATORS AND SCHOOL LEADERS TO BECOME HIGHLY EFFECTIVE PROFESSIONALS IN THE FOLLOWING WAYS - FOSTER AUTHENTIC COLLABORATION AT ALL LEVELS OF THE SCHOOL THROUGH PROFESSIONAL Name of the organization CENTER FOR EDUCATIONAL INNOVATION Employer identification number 13-4113613

ATTACHMENT 2 (CONT'D)

LEARNING COMMUNITIES (PLCS) THAT USE DATA TO RESEARCH STUDENT LEARNING CHALLENGES AND CREATE SHARED ACTION STRATEGIES - SUPPORT TEACHER EFFECTIVENESS THROUGH OBSERVATIONS USING THE DANIELSON FRAMEWORK - SUPPORT PRINCIPAL EFFECTIVENESS THROUGH THE USE OF THE VANDERBILT ASSESSMENT OF LEADERSHIP IN EDUCATION (VAL-ED) - PROVIDE A COMPREHENSIVE EDUCATOR AND SCHOOL LEADER EVALUATION SYSTEM THAT INTEGRATES MEASURES OF PROFESSIONAL PRACTICE AND STUDENT OUTCOMES TO PROVIDE EDUCATORS WITH AN ANNUAL REVIEW TIEDTO COMPENSATION -OFFER EXTENSIVE PROFESSIONAL DEVELOPMENT AND A STRUCTURE TO PARTICIPATE IN INSTRUCTIONAL ROUNDS ACROSS AND WITHIN SCHOOLS - ASSIST SCHOOLS IN CREATING A PERFORMANCE-BASED SALARY SCHEDULE AND TEACHER CAREER LADDER THAT ALLOWS EFFECTIVE TEACHERS TO ADVANCE THEIR CAREER WITHOUT LEAVING THE CLASSROOM - HONE THE INSTRUCTIONAL AND LEADERSHIP EXPERTISE NEEDED TO DRAMATICALLY IMPROVE STUDENT ACHIEVEMENT, REWARDING OUR MOST EFFECTIVE EDUCATORS, AND ACHIEVING HIGH LEVELS OF PERFORMANCE FOR ALL STUDENTS AND TEACHERS.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

PUBLIC SCHOOL PROFESSIONAL SERVICES- CUSTOMIZED SERVICES, EMBEDDED PROFESSIONAL COACHING, MENTORING, TECHNICAL ASSISTANCE AND PROFESSIONAL LEARNING FOR TEACHERS AND SCHOOL LEADERS TO CENTER FOR EDUCATIONAL INNOVATION

Employer identification number 13-4113613

ATTACHMENT 3 (CONT'D)

FACILITATE THE TURNAROUND OF LOW PERFORMING SCHOOOLS.

FOLLOWING SEVERAL CYCLES OF FEDERAL FUNDING, CEI CONTINUES TO SUPPORT EDUCATORS AND SCHOOL LEADERS TO BECOME HIGHLY EFFECTIVE PROFESSIONALS, SUPPORT STRUGGLING CHARTER SCHOOLS WITH IMPLEMENTATION OF IMPROVEMENT PLANS, AND GROW SUCCESSFUL INDEPENDENT CHARTER SCHOOL.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

PROJECT BOOST (BUILDING OPTIONS AND OPPORTUNITIES FOR STUDENTS)IS ONE OF CEI'S OLDEST PROGRAMS, WHICH TARGETS ELEMENTARY AND MIDDLE SCHOOL STUDENTS IN 5TH THROUGH 9TH GRADE WHO HAVE DEMONSTRATED ACADEMIC TALENTS BUT DO NOT HAVE THE FINANCIAL RESOURCES NECESSARY TO CULTIVATE AND ENRICH THEIR ACADEMIC QUALITY. THE OVERALL GOAL OF THE PROGRAM IS TO ASSIST AND TO INSPIRE PARTICIPATING STUDENTSIN GAINING ADMISSION TO THE HIGH-QUALITY HIGH SCHOOLS. CEI OFFERS A TRIANGLE OF SERVICES TO BUILD ACADEMIC, CULTURAL, SOCIAL AND SERVICE SKILLS NECESSARY FOR LONG-TERM STUDENT GROWTH,

ACADEMIC

ENRICHMENT, CULTURAL ENRICHMENT AND COMMUNITY SERVICE. OVER THE PAST TEN YEARS OF ITS OPERATION, PROJECT BOOST HAS GROWN TO INCLUDE A WIDE RANGE OF ACTIVITIES AND RESOURCES THROUGH PARTNERSHIPS WITH SOME OF NYC'S FINEST ACADEMIC, SOCIAL, AND CULTURAL INSTITUTIONS. PROJECT BOOST ALSO ENCOURAGES THE STUDENT

Schedule O (Form 990 or 990-EZ) 2020
Name of the organization

CENTER FOR EDUCATIONAL INNOVATION

Employer identification number 13-4113613

ATTACHMENT 4 (CONT'D)

TO TAKE FULL ADVANTAGE OF THE OPPORTUNITIES AFFORDED TO THEM, BUT ALSO EMPHASIZES THE NEED TO GIVE BACK TO THE COMMUNITIES. STUDENTS ARE TAUGHT THAT REGARDLESS OF THEIR SOCIO-ECONOMIC BACKGROUND, THEY CAN MAKE FUNDAMENTAL CONTRIBUTIONS TO SOCIETY BY GIVING OF THEMSELVES THROUGH SERVICE. IN ADDITION , THORUGH THE EARLY STAGES PROGRAM, PROJECT BOOST HAS PROVIDED FREE AND SIGNIFICANTLY REDUCED-COSTTHEATRE TICKETS TO UNDERSERVED SCHOOLS AND THEIR STUDENTS. THIS HAS AFFORDED THE OPPORTUNITY FOR EXPOSURE TO THE PERFORMING ARTS, WHICH INCLUDED ATTENDANCE AT NYC'S MOST RENOWNED PERFORMING ARTS VENUES, SUCH AS BROADWAY THEATRES, LINCOLN CENTER, AND CARNEGIE HALL, AND TO PROVIDE MULTIPLE OPPORTUNITIES FOR STUDENTS TO RESPOND TO THE THEATRE THROUGH WORKSHOPS, DISCUSSIONS, AND WRITING (SINCE ITSINCEPTION OVER 5,000 TICKETS HAVE BEEN MADE AVAILABLE TOSTUDENTS). TO ACCOMPLISH THE GOALS OF PROJECT BOOST, THE PROGRAM

IN ADDITION, THROUGH THE EARLY STAGES PROGRAM , PROJECT BOOST HAS PROVIDES FUNDING FOR CULTURAL ENRICHMENT EXPERIENCES, TEST PREPARATION, ACADEMIC GUIDANCE, COLLEGE VISITATIONS, AND COMMUNITY SERVICE OPPORTUNITIES.

 ATTACHMENT 5

 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

 NAME AND ADDRESS
 DESCRIPTION OF SERVICES
 COMPENSATION

 ALICE P BARTLEY, PHD
 EDUCATION CONSULTING
 113,000.

 28 WEST 44TH STREET
 NEW YORK, NY 10036
 1100

Name of the organization			Employer identific	ation number
CENTER FOR EDUCATIONAL INNOVATION			13-4113	613
		1	ATTACHMENT	6
FORM 990, PART IX - OTHER FEES				
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONSULTANTS AND PROFESSIONAL F	1,440,944.	1,148,453.	233,565.	58,926
TOTALS	1,440,944.	1,148,453.	233,565.	58,926
		TA	TACHMENT 7	
FORM 990, PART X - PREPAID EXPENSES A	ND DEFERRED CH	ARGES		
			ENDING	
DESCRIPTION			BOOK VALU	E
PREPAID EXPENSE AND DEFFERED C			18,	000.
TOTALS			18,	000.
		TA	TACHMENT 8	
FORM 990, PART X - INVESTMENTS - PUBL	ICLY TRADED SEC	CURITIES		
			ENDING	COST
DESCRIPTION		BC	OK VALUE	OR FMV

PUBLICLY TRADED SEC.

JSA

TOTALS

COST

639,367.

639,367.

FULVIO & ASSOCIATES, L.L.P. CERTIFIED PUBLIC ACCOUNTANTS 5 W 37TH STREET 4TH FL NEW YORK, NY 10018

CENTER FOR EDUCATIONAL INNOVATION Instructions for Filing Form CHAR500 New York State Annual Filing for Charitable Organizations For the year ended June 30, 2021

The original return should be signed (use full name) and dated on page 1 by two authorized officers of the organization, including the chief fiscal officer.

File the signed return by May 16, 2022 with:

NYS Office of the AG, Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

A check or money order payable to "Department of Law" in the amount of \$25 should be attached to the return. Be sure to include the federal EIN and "2020 Form CHAR500" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com Send with fee and attachments to NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2020 Open to Public Inspection

1. General Information

For Fiscal Year Beginnin		01 / 2020 and E		
Check if Applicable:	Name of Organization			Employer Identification Number (EIN)
X Address Change	CENTER FOR EDUCA	TIONAL INNOVATI	ON	13-4113613
Name Change	Mailing Address			NY Registration Number
Initial Filing	369 LEXINGTON AVI	ENUE		17-34-92
Final Filing	City / State / Zip			Telephone
Amended Filing	NEW YORK, NY 100	17		(212) 302-8800
Reg ID Pending	Website			Email
	THE-CEI.ORG			
Check your organization's registration category	X 7A only EPTL	only DUAL (7A &	EPTL) EXEMPT*	Confirm your Registration Category in the Charities Registry at <u>www_CharitiesNYS cr</u>
2. Certification				
See instructions for certific signatories	ation requirements Improper	certification is a violation	n of law that may be subje	ect to penalties. The certification requires tw
				he best of our knowledge and belief.
they ar	e true, correct and complete in	n accordance with the law	s of the State of New York	applicable to this report
	+ ~	-9 6-8	Mich attes etc.	6#1ac 6E01/31/22
President or Authorized Of	ficer: Signature	1	Print Name and T	Title Date
	4 //	1	V. In T	Saver (FO 7/31/22
Chief Financial Officer or T		and the	110. 1	
			Print Name and T	ille Date 4
	Signature	U	Print Name and T	itle Date I
categories (DUAL filers) th attachments are required	ng Exemption at apply to your filing If your of at apply to your registration, co If you cannot claim an exempti	omplete only parts 1, 2, a	and 3, and submit the certi	Itegory (7A or EPTL only filers) or both filed Char500. No fee, schedules, or addition filed or addition, you must file applicable schedules and
heck the exemption(s) that ategories (DUAL filers) the tlachments are required tlachments and pay applic and the organization	ng Exemption at apply to your filing If your of at apply to your registration, co If you cannot claim an exemption able fees sption: Total contributions from on did not engage a profession.	omplete only parts 1, 2, a ion or are a DUAL filer th NY State including reside al fund raiser (PFR) or fur	and 3, and submit the certi- hat claims only one exemp- ents, foundations, govern nd raising counsel (FRC) to	legory (7A or EPTL only filers) or both ified Char500 No fee, schedules, or addition
Check the exemption(s) that altegories (DUAL filers) the ittachments are required ittachments and pay applic and the organization <u>3b EPTL filing exemptions</u> fiscal year.	ng Exemption at apply to your filing if your of at apply to your registration, cc if you cannot claim an exemption able fees uption. Total contributions from on did not engage a profession motion, Gross receipts did not a	omplete only parts 1, 2, a ion or are a DUAL filer th NY State including reside al fund raiser (PFR) or fur	and 3, and submit the certi- hat claims only one exemp- ents, foundations, govern nd raising counsel (FRC) to	tegory (7A or EPTL only filers) or both fied Char500. No fee, schedules, or additud ption, you must file applicable schedules and ment agencies, etc. did not exceed \$25,0 o solicit contributions during the fiscal yea
Check the exemption(s) that attachments are required attachments and pay applic <u>3a</u> 7A filing exem and the organizati <u>3b EPTL filing exe</u> fiscal year. 4. Schedules and	ng Exemption at apply to your filing if your of at apply to your registration, cc if you cannot claim an exemption able fees uption. Total contributions from on did not engage a profession motion, Gross receipts did not a	omplete only parts 1, 2, a ion or are a DUAL filer th NY State including reside al fund raiser (PFR) or fur	and 3, and submit the certi- hat claims only one exemp- ents, foundations, govern nd raising counsel (FRC) to	tegory (7A or EPTL only filers) or both fied Char500. No fee, schedules, or additud ption, you must file applicable schedules and ment agencies, etc. did not exceed \$25,0 o solicit contributions during the fiscal yea
Check the exemption(s) that ategories (DUAL filers) the attachments are required attachments and pay applic <u>3a 7A filing exem</u> and the organizati <u>3b EPTL filing exe</u> fiscal year 4. Schedules and are the following page	ng Exemption at apply to your filing. If your of at apply to your registration, co if you cannot claim an exempti- able fees puton. Total contributions from on did not engage a profession motion. Gross receipts did not of Attachments V Your 4a Did y	omplete only parts 1, 2, a ion or are a DUAL filer th NY State including residu al fund raiser (PFR) or fur exceed \$25,000 and the	and 3, and submit the certi- hat claims only one exemp- ents, foundations, govern nd raising counsel (FRC) to market value of assets di- professional fund raiser, fu	legory (7A or EPTL only filers) or both ified Char500. No fee, schedules, or addition plion, you must file applicable schedules and ment agencies, etc. did not exceed \$25,0 o solicit contributions during the fiscal yea d not exceed \$25,000 at any time during und raising counsel or commercial co-ventu
Check the exemption(s) that ategories (DUAL filers) the ittachments are required ittachments and pay applic <u>3a 7A filing exem</u> and the organizati <u>3b EPTL filing exe</u> fiscal year 4. Schedules and the following page or a checklist of	ng Exemption at apply to your filing. If your of at apply to your registration, co if you cannot claim an exempti- able fees puton. Total contributions from on did not engage a profession motion. Gross receipts did not of Attachments V Your 4a Did y	omplete only parts 1, 2, a ion or are a DUAL filer th NY State including residu al fund raiser (PFR) or fur exceed \$25,000 and the	and 3, and submit the certi- hat claims only one exemp- ents, foundations, govern nd raising counsel (FRC) to market value of assets di	legory (7A or EPTL only filers) or both ified Char500. No fee, schedules, or addition plion, you must file applicable schedules and ment agencies, etc. did not exceed \$25,0 o solicit contributions during the fiscal yea d not exceed \$25,000 at any time during und raising counsel or commercial co-ventu
Check the exemption(s) that ategories (DUAL filers) the ittachments are required ittachments and pay applic <u>3a 7A filing exemption</u> <u>and the organization</u> <u>3b EPTL filing exemption</u> 4. Schedules and itee the following page or a checklist of chedules and	ng Exemption at apply to your filing. If your of at apply to your registration, could fill you cannot claim an exemptionable fees puttern Total contributions from on did not engage a profession motion. Gross receipts did not in Attachments X Yes No 4a. Did y for fund	omplete only parts 1, 2, a ion or are a DUAL filer th NY State including residu al fund raiser (PFR) or fur exceed \$25,000 and the vour organization use a p raising activity in NY Sta	and 3, and submit the certi- hat claims only one exemp- ents, foundations, govern ind raising counsel (FRC) to market value of assets di professional fund raiser, fu te? If yes, complete Sche	legory (7A or EPTL only filers) or both ified Char500 No fee, schedules, or addition ption, you must file applicable schedules and ment agencies, etc. did not exceed \$25.0 o solicit contributions during the fiscal yea d not exceed \$25,000 at any time during und raising counsel or commercial co-ventue dule 4a
theck the exemption(s) that ategories (DUAL filers) the titachments are required titachments and pay applic <u>3a 7A filing exemption</u> <u>and the organization</u> <u>3b EPTL filing exemption</u> fiscal year 4. Schedules and tee the following page or a checklist of chedules and titachments to	ng Exemption at apply to your filing. If your of at apply to your registration, could fill you cannot claim an exemptionable fees intervention intervention	omplete only parts 1, 2, a ion or are a DUAL filer th NY State including residu al fund raiser (PFR) or fur exceed \$25,000 and the vour organization use a p raising activity in NY Sta	and 3, and submit the certi- hat claims only one exemp- ents, foundations, govern nd raising counsel (FRC) to market value of assets di- professional fund raiser, fu	legory (7A or EPTL only filers) or both ified Char500 No fee, schedules, or addition ption, you must file applicable schedules and ment agencies, etc. did not exceed \$25.0 o solicit contributions during the fiscal yea d not exceed \$25,000 at any time during und raising counsel or commercial co-ventue dule 4a
Check the exemption(s) that ategories (DUAL filers) the ittachments are required ittachments and pay applic <u>3a 7A filing exem</u> and the organizativ <u>3b EPTL filing exem</u> fiscal year 4. Schedules and tee the following page or a checklist of chedules and ttachments to omplete your filing.	ng Exemption at apply to your filing. If your of at apply to your registration, could fill you cannot claim an exemptionable fees puttern Total contributions from on did not engage a profession motion. Gross receipts did not in Attachments X Yes No 4a. Did y for fund	omplete only parts 1, 2, a ion or are a DUAL filer th NY State including residu al fund raiser (PFR) or fur exceed \$25,000 and the vour organization use a p raising activity in NY Sta	and 3, and submit the certi- hat claims only one exemp- ents, foundations, govern ind raising counsel (FRC) to market value of assets di professional fund raiser, fu te? If yes, complete Sche	legory (7A or EPTL only filers) or both ified Char500 No fee, schedules, or addition ption, you must file applicable schedules and ment agencies, etc. did not exceed \$25.0 o solicit contributions during the fiscal yea d not exceed \$25,000 at any time during und raising counsel or commercial co-ventue dule 4a
Check the exemption(s) that ategories (DUAL filers) the attachments are required attachments and pay applic <u>3a 7A filing exem</u> and the organizativ <u>3b EPTL filing exem</u> fiscal year. 4. Schedules and tee the following page or a checklist of chedules and ttachments to omplete your filing. 5. Fee	ng Exemption at apply to your filing If your of at apply to your registration, co If you cannot claim an exemption able fees potton Total contributions from on did not engage a profession motion. Gross receipts did not of Attachments X Yes No 4a Did y for fund	omplete only parts 1, 2, a ion or are a DUAL filer th NY State including residu al fund raiser (PFR) or fur exceed \$25,000 and the vour organization use a p raising activity in NY Sta	and 3, and submit the certi- hat claims only one exemp- ents, foundations, govern ind raising counsel (FRC) to market value of assets di professional fund raiser, fu te? If yes, complete Sche	legory (7A or EPTL only filers) or both fied Char500. No fee, schedules, or addito plion, you must file applicable schedules and ment agencies, etc. did not exceed \$25,0 o solicit contributions during the fiscal yea d not exceed \$25,000 at any time during und raising counsel or commercial co-ventu idule 4a. s, complete Schedule 4b.
Check the exemption(s) that categories (DUAL filers) the attachments are required attachments and pay applic attachments and pay applic attachments and pay applic attachments and pay applic and the organization and the	ng Exemption at apply to your filing. If your of at apply to your registration, col- if you cannot claim an exempti- able fees buttom: Total contributions from on did not engage a profession motion. Gross receipts did not of for fund X Yes No X Yes No 4a Did y for fund X Yes No	omplete only parts 1, 2, a ion or are a DUAL filer th NY State including residu al fund raiser (PFR) or fur exceed \$25,000 and the exceed \$25,000 and the your organization use a p raising activity in NY Sta he organization receive s	and 3, and submit the certi- hat claims only one exemp- ents, foundations, govern id raising counsel (FRC) to market value of assets di professional fund raiser, fu te? If yes, complete Sche government grants? If yes	legory (7A or EPTL only filers) or both fied Char500. No fee, schedules, or addito plion, you must file applicable schedules and ment agencies, etc. did not exceed \$25,0 o solicit contributions during the fiscal year d not exceed \$25,000 at any time during und raising counsel or commercial co-ventu- idule 4a. s, complete Schedule 4b. Make a single check or money order
Check the exemption(s) that categories (DUAL filers) the attachments are required attachments and pay applic attachments and pay applic attachments and pay applic attachments and pay applic attachments and the organization and the organization and the organization attachments attached attachments to complete your filing.	ng Exemption at apply to your filing. If your of at apply to your registration, col- if you cannot claim an exempti- able fees buttom: Total contributions from on did not engage a profession motion. Gross receipts did not of for fund X Yes No X Yes No 4a Did y for fund X Yes No	omplete only parts 1, 2, a ion or are a DUAL filer th NY State including residu al fund raiser (PFR) or fur exceed \$25,000 and the exceed \$25,000 and the your organization use a p raising activity in NY Sta he organization receive s	and 3, and submit the certi- hat claims only one exemp- ents, foundations, govern id raising counsel (FRC) to market value of assets di professional fund raiser, fu te? If yes, complete Sche government grants? If yes	legory (7A or EPTL only filers) or both fied Char500. No fee, schedules, or addito plion, you must file applicable schedules and ment agencies, etc. did not exceed \$25,0 o solicit contributions during the fiscal yea d not exceed \$25,000 at any time during und raising counsel or commercial co-ventu idule 4a. s, complete Schedule 4b.

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

Annual Filing Checklist

Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:				
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)				
X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants				
Check the financial attachments you must submit with your CHAR500:				
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable				
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contand will not be available for public review.	ributors). Schedule B of public charities is exempt from disclosure			
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenu filing year. We have included an IRS Form 990-EZ for state purposes only.	e exceeded \$25,000 and/or our assets exceeded \$25,000 in the			
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public A	ccountant's Review or Audit Report:			
Review Report if you received total revenue and support greater than \$250,000	and up to \$750,000.			
X Audit Report if you received total revenue and support greater than \$750,000				
No Review Report or Audit Report is required because total revenue and support	is less than \$250,000			
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is req	uired			
Calculate Your Fee				
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?			
\$0, if you checked the 7A exemption in Part 3a	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:			
X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")			
For EPTL and DUAL filers, calculate the EPTL fee:	EDTI filere are registered under the Estates Deware & Truste			
\$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.			
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.			
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	EXEMPT filers have registered with the NY Charities Bureau			
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in <u>Schedule E - Registration</u> Exemption for Charitable Organizations. These			
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	organizations are not required to file annual financial reports but may do so voluntarily.			
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>			
\$1500, if the NET WORTH is \$50,000,000 or more				
Send Your Filing	Where do I find my organization's NET WORTH?			
Send your CHAR500, all schedules and attachments, and total fee to:	NET WORTH for fee purposes is calculated on:			
NYS Office of the Attorney General	- IRS From 990 Part I, line 22 - IRS Form 990 EZ Part I line 21			
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between			
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and			
New York, NY 10005	Total Liabilities (Part II, line 23(b)).			
<u>Need Assistance?</u> Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov				
CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)	Page 2			

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

2020 Open to Public Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

Name of Organization:	NY Registration Number:
CENTER FOR EDUCATIONAL INNOVATION	17-34-92

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

	Name of FRP:	NY Registration Number:
Fund Raising Professional type:	BARBI ZAKIN EVENTS INC	17 - 34 - 92
X Professional Fund Raiser	Mailing Address:	Telephone:
	370 EAST 76TH STREET, SUITE B503	
Fund Raising Counsel		
	City / State / Zip:	
Commercial Co-Venturer	NEW YORK, NY 10021	

3. Contract Information

Contract Start Date:	Contract End Date:
03/15/2020	12/31/2020

4. Description of Services

Yes

Services provided by FRP: PROFESSIONAL FUNDRAISING SERVICES IN CONNECTION WITH CEI'S ANNUAL GALA

5. Description of Compensation

Compensation arrangement with FRP:	PAID IN	INSTALLMENTS	THROUGH	OUT	2020	Amount Paid to FRP:	
						64,	000.
	(

6. Commercial Co-Venturer (CCV) Report

No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2021) Page 1 0J3552 1.000

3873RX C546 8/15/2022 8:50:59 PM V 20-7.24

CHAR500

Schedule 4b: Government Grants

www.CharitiesNYS.com

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary**. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
CENTER FOR EDUCATIONAL INNOVATION	17-34-92

2. Government Grants

Name of Government Agency	Amount of Grant
1. UNITED STATES DEPT OF EDUCATION	1. 638,484.
2. NEW YORK STATE EDUCATION DEPARTMENT	2. 30,000.
3. PAYCHECK PROTECTION PROGRAM	3. 260,000.
4. NY CULTURAL AFFAIRS-CASA GRANT	4. 40,000.
5. NY CITY COUNCIL	5. 259,000.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 1,227,484.