### **EXTENSION ATTACHED**

Form **990** 

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

OMB No. 1545-0047 2021

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

Open to Public Inspection Department of the Treasury Internal Revenue Service For the 2021 calendar year, or tax year beginning . 2021, and ending , **20** 2022 Check if applicable: D Employer identification number Address change Center for Educational Innovation 13-4113613 369 Lexington Avenue, Suite 303 Telephone number Name change New York, NY 10017 (212) 302-8800 Initial return Final return/terminated Amended return **G** Gross receipts \$ 15,489,953 F Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Yes Michael Kohlhagen **H(b)** Are all subordinates included? If "No," attach a list. See instructions. Same As C Above Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ( ) ◀ (insert no.) Website: ► https://the-cei.org H(c) Group exemption number Form of organization: X Corporation M State of legal domicile: NY Other > L Year of formation: 2000 Part I Summary Briefly describe the organization's mission or most significant activities: To support initiatives that will provide a quality education to children in NYC and other communities Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ...... 3 Number of independent voting members of the governing body (Part VI, line 1b)..... 13 5 161 Total number of volunteers (estimate if necessary)..... 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 1,731,947 13,636,569. Program service revenue (Part VIII, line 2g)..... 2,877,748 1,628,655. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... -1905. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 10 738. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 4,609,505 275,967. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 91,724. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 2,665,291 7,171,137 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 1,774,169. 4,139,293. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).... 4,531,184. 11,310,430. Revenue less expenses. Subtract line 18 from line 12..... 3,965,537. 78,321. **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16)..... 6,569,220. 3,305,790. 21 2,663,625. 1,961,518. Net assets or fund balances. Subtract line 21 from line 20...... 22 642,165. 4,607,702. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here Michael Kohlhagen **CEO** Type or print name and title Print/Type preparer's name 5/15/2023 Michael Schall Michael Schall P02024184 **Paid** self-employed

389 INTERPACE PARKWAY; STE

PARSIPPANY, NJ 07054

May the IRS discuss this return with the preparer shown above? See instructions . . .

► SAX LLP

Preparer

Use Only

Firm's address

Firm's EIN ► 81-2950760

(212) 268-2804

Yes

## Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2021, or fiscal year beginning \_ 7/01 \_ . 2021, and ending \_ 6/30 \_ . 20 2022\_

2021

Name of filer

► Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

Center for Educational Innovation	13-4113613
Name and title of officer or person subject to tax	
Michael Kohlhagen CEO	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicand Form 5330 filers may enter dollars and cents. For all other forms, enter whole do 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed wit 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you en line below. Do not complete more than one line in Part I.	ollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, h this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, ntered -0- on the return, then enter -0- on the applicable
1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, co	
	2b
	3b
	)-PF, Part V, line 5) 4b
	5b
6a Form 990-T check here ▶ b Total tax (Form 990-T, Part III, line 4)	6b
	7b
	7, Item D)
	9b
10a Form 8038-CP check here. ▶ b Amount of credit payment requested (Form	8038-CP, Part III, line 22) 10b
Part II Declaration and Signature Authorization of Officer or Perso	
Under penalties of perjury, I declare that (name of entity)  and that I have examined a copy of the 2021 electronic return and accompanying sch	I am a person subject to tax with respect to
and belief, they are true, correct, and complete. I further declare that the amount in F electronic return. I consent to allow my intermediate service provider, transmitter, or IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for reje processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an electronic funds withdrawal (direct debit) entry to the financial institution account of the federal taxes owed on this return, and the financial institution to debit the entry U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior financial institutions involved in the processing of the electronic payment of taxes to inquiries and resolve issues related to the payment. I have selected a personal identification of the processing of the electronic funds withdrawal.	electronic return originator (ERO) to send the return to the ction of the transmission, (b) the reason for any delay in U.S. Treasury and its designated Financial Agent to indicated in the tax preparation software for payment to this account. To revoke a payment, I must contact the to the payment (settlement) date. I also authorize the receive confidential information necessary to answer
PIN: check one box only	
X I authorize SAX LLP ERO firm name	enter my PIN 00359 as my signature
ERO IIIM name	Enter five numbers, but do not enter all zeros
on the tax year 2021 electronically filed return. If I have indicated within this ret agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize return's disclosure consent screen.	urn that a copy of the return is being filed with a state the aforementioned ERO to enter my PIN on the
As an officer or person subject to tax with respect to the entity, I will enter my PIN as return. If I have indicated within this return that a copy of the return is being filed with the IRS Fed/State program, I will enter my PIN on the return of isclosure consent screen.	a state agency(ies) regulating charities as part of
Signature of officer or person subject to tax	Date 5 14 23
Part III Certification and Authentication	
<b>ERO's EFIN/PIN.</b> Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	20907277777 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2021 elect am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Mode Providers for Business Returns.	ronically filed return indicated above. I confirm that I ernized e-File (MeF) Information for Authorized IRS e-file
ERO's signature Michael Schall // Tully July	Date ► 5/15/2023
ERO Must Retain This Form —	See Instructions

### Form **8868**

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Automat	ic 6-Month Extension of Time. Only s	submit origin	al (no copies needed).							
	tions required to file an income tax return other			ps, RE	MICs, and	trusts must				
use Form /	004 to request an extension of time to file inc Name of exempt organization or other filer, see instruction		5.	Тахра	yer identification	on number (TIN)				
Type or										
print	Center for Educational Inno	vation		13-	13-4113613					
File by the	Number, street, and room or suite number. If a P.O. box,			120						
due date for filing your	369 Lexington Avenue, Suite	303								
return. See instructions.	City, town or post office, state, and ZIP code. For a foreig	n address, see instru	actions.							
	New York, NY 10017									
Enter the R	eturn Code for the return that this application	is for (file a se	parate application for each return)			01				
Applicatior Is For	1	Return Code	Application Is For			Return Code				
Form 990 c	r Form 990-EZ	01	Form 1041-A			08				
Form 4720	(individual)	03	Form 4720 (other than individual)			09				
Form 990-F	PF	04	Form 5227			10				
	(section 401(a) or 408(a) trust)	05	Form 6069			11				
	(trust other than above)	06	Form 8870			12				
Form 990-1	(corporation)	07								
<ul><li>If the or</li><li>If this is check to</li></ul>	ne No.  (212) 302-8800  rganization does not have an office or place of some forms of the group results of the group residual of the	four digit Group	e United States, check this box Exemption Number (GEN)	f this is						
for the	est an automatic 6-month extension of time untile organization named above. The extension is calendar year 20 or tax year entered in line 1 is for less than 12 remange in accounting period	for the organiz	ng <u>6/30</u> , 20 <u>22</u> .	zation nal retu						
	application is for Forms 990-PF, 990-T, 4720 fundable credits. See instructions			3 a	\$	0.				
	application is for Forms 990-PF, 990-T, 4720 ayments made. Include any prior year overpay			3 b	\$	0.				
c Balan EFTP	nce due. Subtract line 3b from line 3a. Include S (Electronic Federal Tax Payment System).	your payment s See instructions	with this form, if required, by using	3 c	\$	0.				
Caution: If payment in	you are going to make an electronic funds wit structions.	thdrawal (direct	debit) with this Form 8868, see Form 8	453-TE	and Form	8879-TE for				

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

4d Other program services (Describe on Schedule O.)

(Expenses \$ 785,491. including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 9,934,792.

TEEA0102L 09/22/21

BAA

Form **990** (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .	11 a	Х	
Ł	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
c	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	11
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	71	Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х

## Form 990 (2021) Center for Educational Innovation Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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>b</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		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</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? <i>If 'Yes,' complete Schedule L, Part II</i>	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 persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  'Yes,' complete Schedule L, Part IV	28a		X
	<b>b</b> A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> .	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	<b>b</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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			. [ ]
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
	TEE AND ALL 00/22/21			

Form 990 (2021) Center for Educational Innovation

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 161			
ŀ	of If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ŀ	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 a	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)?	4 a		Х
	o If 'Yes,' enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5</b> -	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a 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?	6 a		Х
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7 a	Χ	
ŀ	a If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Χ	
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	_		37
	Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	_		Х
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ
Ġ	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ŀ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
ā	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ŀ	bid the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
ä	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	a 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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ć	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.			
	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			
	Enter the amount of reserves on hand	1.		V
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	a If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	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?	15		Х
16	If 'Yes,' see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
17	If 'Yes,' complete Form 4720, Schedule O.			
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Form 990 (2021) Center for Educational Innovation 13-4113613 Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 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? If 'Yes,' provide the names and addresses on Schedule Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. O...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?.... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Cynthia Reed 369 Lexington Avenue, Suite 303 New York NY 10017 (212) 302-8800

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Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII.....

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

- 1 a 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

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CEO		week (list any hours for related organiza- tions below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W- <u>2</u> /1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the organization and related
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(25)  1 b Subtotal  1 to Total from continuation sheets to Part VII, Section A  1 to Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization    3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If Yes, 'complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization spreader than \$150,000? If Yes, 'complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual  5 Did any person listed on the organizations (If Yes, 'complete Schedule J for such individual.  5 Did any person listed on the acceive or accrue compensation from any unrelated organization or individual  5 Did any person listed on the organizations (If Yes, 'complete Schedule J for such individual.  5 Did any person listed on the acceive or accrue compensation from any unrelated organization or individual  5 Did any person listed on the organizations or individual or such person.  6 Describer of Schedule J for such person.  6 Describer of Schedule J for Such person.  6 Describer of Individual Schedule J for Such person.  7 Complete this table for your five highest compensation from any unrelated organization or individual or such person.  8 Did the organization or individual organization or individual organization or such person.  9 Describer of Schedule J for Such person.  9 Describer of Schedule J for Such person.  1 Complete this table for your five highest compensation from the organization organization organization organization organization organization organization organization organization o		U	X						0.	0.	0.	
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3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  (C)  Compensation  Metis Associates P.O. Box 74647 Chicago, IL 60675  Sync Grades-Lilo Consulting LLC 8 Cypress Street Valhalla, NY 10595  Sync Grades-Lilo Consulting LLC 8 Cypress Street Valhalla, NY 10595  Center for Integrated Training & Education 3678 Oceanside Road West  Consultant  170,000.  Center for Integrated Training & Education 3678 Oceanside Road West  Consultant  104,450.  2 Total number of independent contractors (including but not limited to those listed above) who received more than	from the organization ► 7											
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  (C)  Compensation  Metis Associates P.O. Box 74647 Chicago, IL 60675  Stephanie Mauterstock 727 Slough Road Brewster, MA 02631  Sync Grades-Lilo Consulting LLC 8 Cypress Street Valhalla, NY 10595  Consultant  175, 935.  Sync Grades-Lilo Consulting LLC 8 Cypress Street Valhalla, NY 10595  Consultant  170,000.  Center for Integrated Training & Education 3678 Oceanside Road West  Consultant  104,450.  2 Total number of independent contractors (including but not limited to those listed above) who received more than	3 Did the organization list any former officer, direc	tor, truste	e, ke	ey e	mplo	oyee	e, or	high	nest compensated	employee		
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Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year.  (A) Name and business address  Metis Associates P.O. Box 74647 Chicago, IL 60675 Stephanie Mauterstock 727 Slough Road Brewster, MA 02631 Sync Grades-Lilo Consulting LLC 8 Cypress Street Valhalla, NY 10595 Center for Integrated Training & Education 3678 Oceanside Road West Consultant  Learn It 6225 Smith Avenue Suite 100/1A Baltimore, MD 21209 Compensation or individual  A X  X  X  A X  Stephanize do n independent Contractors  (C) Compensation  Consultant  197, 231.	4 For any individual listed on line 1a, is the sum of	reportable	le co	mpe	ensa	tion	and	oth	er compensation f	rom		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  (C)  Compensation  Metis Associates P.O. Box 74647 Chicago, IL 60675  Stephanie Mauterstock 727 Slough Road Brewster, MA 02631  Sync Grades-Lilo Consulting LLC 8 Cypress Street Valhalla, NY 10595  Consultant  170,000.  Center for Integrated Training & Education 3678 Oceanside Road West  Consultant  366,782.  Learn It 6225 Smith Avenue Suite 100/1A Baltimore, MD 21209  Consultant  104,450.								iple	te Schedule J for		1 V	
For services rendered to the organization? If 'Yes,' complete Schedule J for such person											·   •   ^	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Metis Associates P.O. Box 74647 Chicago, IL 60675  Stephanie Mauterstock 727 Slough Road Brewster, MA 02631  Sync Grades-Lilo Consulting LLC 8 Cypress Street Valhalla, NY 10595  Consultant  170,000.  Center for Integrated Training & Education 3678 Oceanside Road West  Learn It 6225 Smith Avenue Suite 100/1A Baltimore, MD 21209  Consultant  104,450.	for services rendered to the organization? If 'Yes	e compen s.' <i>comple</i>	isatio <i>te Sc</i>	n tr chec	om : Iule	any <i>J fo</i>	unre <i>r suc</i>	iate ch p	ed organization or i <i>erson</i>	ndividuai	. 5 X	
Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Metis Associates P.O. Box 74647 Chicago, IL 60675  Stephanie Mauterstock 727 Slough Road Brewster, MA 02631  Sync Grades-Lilo Consulting LLC 8 Cypress Street Valhalla, NY 10595  Consultant  170,000.  Center for Integrated Training & Education 3678 Oceanside Road West  Consultant  366,782.  Learn It 6225 Smith Avenue Suite 100/1A Baltimore, MD 21209  Consultant  104,450.	Section B. Independent Contractors											
(A) Name and business address  Metis Associates P.O. Box 74647 Chicago, IL 60675 Stephanie Mauterstock 727 Slough Road Brewster, MA 02631 Consultant  Sync Grades-Lilo Consulting LLC 8 Cypress Street Valhalla, NY 10595 Consultant 170,000. Center for Integrated Training & Education 3678 Oceanside Road West Consultant 16225 Smith Avenue Suite 100/1A Baltimore, MD 21209 Consultant 104,450.  Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five highest compen	sated inde	epen	den	t cor	ntrad	ctors	tha	t received more th	an \$100,000 of		
Metis Associates P.O. Box 74647 Chicago, IL 60675  Stephanie Mauterstock 727 Slough Road Brewster, MA 02631  Consultant  Sync Grades-Lilo Consulting LLC 8 Cypress Street Valhalla, NY 10595  Center for Integrated Training & Education 3678 Oceanside Road West  Learn It 6225 Smith Avenue Suite 100/1A Baltimore, MD 21209  Total number of independent contractors (including but not limited to those listed above) who received more than			tne c	aien	dar <u>y</u>	year	enai	ng v	i -	ganization's tax yea		
Metis Associates P.O. Box 74647 Chicago, IL 60675Consultant197,231.Stephanie Mauterstock 727 Slough Road Brewster, MA 02631Consultant175,935.Sync Grades-Lilo Consulting LLC 8 Cypress Street Valhalla, NY 10595Consultant170,000.Center for Integrated Training & Education 3678 Oceanside Road WestConsultant366,782.Learn It 6225 Smith Avenue Suite 100/1A Baltimore, MD 21209Consultant104,450.2 Total number of independent contractors (including but not limited to those listed above) who received more than	(A) Name and business addi	ess							Description o	f services	Compensation	
Stephanie Mauterstock 727 Slough Road Brewster, MA 02631 Consultant 175,935.  Sync Grades-Lilo Consulting LLC 8 Cypress Street Valhalla, NY 10595 Consultant 170,000.  Center for Integrated Training & Education 3678 Oceanside Road West Consultant 366,782.  Learn It 6225 Smith Avenue Suite 100/1A Baltimore, MD 21209 Consultant 104,450.  2 Total number of independent contractors (including but not limited to those listed above) who received more than									Conquitont			
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Learn It 6225 Smith Avenue Suite 100/1A Baltimore, MD 21209 Consultant 104,450.  2 Total number of independent contractors (including but not limited to those listed above) who received more than												
2 Total number of independent contractors (including but not limited to those listed above) who received more than							wes	i L				
· · · · · · · · · · · · · · · · · · ·							d aho	ve)		than	104,430.	
								-)				

		Check if Schedule O contains a response or note to any	y line in this Part V	III		
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c 430,823.  Related organizations 1d  Government grants (contributions) 1e 13,010,776.  All other contributions, gifts, grants, and similar amounts not included above 1f 194,970.  Noncash contributions included in lines 1a-1f. 1g  Total. Add lines 1a-1f	12 626 560			
	- "	Business Code	13,636,569.			
Program Service Revenue	2 a b	Program fees 900099	1,628,655.	1,628,655.		
Service	c d					
ᇣ	е					
b		All other program service revenue				
ģ	g	Total. Add lines 2a-2f	1,628,655.			
	3	Investment income (including dividends, interest, and other similar amounts)	5.			5.
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents 6a				
	b	Less: rental expenses 6b				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss) ▶				
	7 a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
	b	Less: cost or other basis				
		and sales expenses 7b				
		Gain or (loss)				
		Net gain or (loss)				
Other Revenue	8 a	Gross income from fundraising events (not including \$ 430,823. of contributions reported on line 1c).  See Part IV, line 18				
- L	h	See Part IV, line 18       8a       213, 986         Less: direct expenses       8b       213, 986				
¥		Net income or (loss) from fundraising events				
)		Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses 9b				
	С	Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold				
	С	Net income or (loss) from sales of inventory▶				
S		Business Code				
Miscellaneous Revenue	11a	Miscellaneous 900099  All other revenue	10,738.			10,738.
	b					
Se Se	ى د	All other revenue				
Σ		Total. Add lines 11a-11d	10,738.			
			10,738.	1.628.655.	0.	10.743.

Form 990 (2021) Center for Educational Innovation 13
Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	esponse or note to any			
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	623,120.	223,101.	352,739.	47,280.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	5,601,012.	5,291,586.	138,537.	170,889.
8	Pension plan accruals and contributions	5,001,012.	3,231,300.	130,337.	170,005.
Ü	(include section 401(k) and 403(b) employer contributions)	46,265.	44,842.	1,423.	
9	Other employee benefits	184,293.	180,981.		3,312.
10	Payroll taxes	716,447.	637,175.	54,689.	24,583.
11	Fees for services (nonemployees):				
á	Management				
ŀ	<b>)</b> Legal	82,922.	23,127.	59,795.	
(	: Accounting	151,620.	2,101.	149,519.	
(	Lobbying				
•	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0\$Ch. OAdvertising and promotion	2,453,071.	2,394,444.	23,129.	35,498.
13	Office expenses	525,644.	512,368.	11,644.	1,632.
14	Information technology	314,910.	299,732.	13,368.	1,810.
15	Royalties.	314, 310.	233,132.	13,300.	1,010.
16	Occupancy	72,485.	27,044.	43,903.	1,538.
17	Travel	76,318.	53,211.	16,243.	6,864.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	707310.	33/211.	10/210.	0,001.
19	Conferences, conventions, and meetings	121,695.	79,432.	13,894.	28,369.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,263.		5,263.	
23 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.).	5,931.	2,092.	3,663.	176.
,	Bad debt	62,527.		62,527.	
	Pincentives and stipends	47,933.	47,933.	04,341.	
	_	47,933.	3,084.	29,924.	10,000.
	1 a	42,041.	39,756.	2,285.	10,000.
	All other expenses	133,925.	72,783.	13,008.	48,134.
25	Total functional expenses. Add lines 1 through 24e	11,310,430.	9,934,792.	995,553.	380,085.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► if following SOP 98-2 (ASC 958-720)	11,010,100.	3,331,132.	333,333.	550,005.

		Check if Schedule O contains a response or note to	o any lii	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			600,963.	1	242,542.
	2	Savings and temporary cash investments			427,003.	2	1,303,687.
	3	Pledges and grants receivable, net			661,263.	3	3,415,545.
	4	Accounts receivable, net			952,286.	4	1,118,540.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	ner offic I contrib rsons	er, director, outor, or 35%		5	
	6	Loans and other receivables from other disqualified p					
	Ū	section 4958(f)(1)), and persons described in section		`		6	
	7	Notes and loans receivable, net				7	
Ø	8	Inventories for sale or use		<u></u>		8	
Assets	9	Prepaid expenses and deferred charges		<u></u>	18,000.	9	23,500.
As			1 1		10,000.	,	23,300.
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		15,695.			
	b	Less: accumulated depreciation		14,050.	6,908.	10 c	1,645.
	11	Investments — publicly traded securities		<del>-</del>	639,367.	11	463,761.
	12	Investments — other securities. See Part IV, line 11		<del>-</del>		12	
	13	Investments - program-related. See Part IV, line 11.		_		13	
	14	Intangible assets	-		14		
	15	Other assets. See Part IV, line 11		<del>-</del>		15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		3,305,790.	16	6,569,220.
	17	Accounts payable and accrued expenses			806,755.	17	997,757.
	18	Grants payable				18	
	19	Deferred revenue		_		19	
	20	Tax-exempt bond liabilities		<u> </u>		20	
es	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, di utor, or rsons	rector, trustee, 35%		22	
⊐	23	Secured mortgages and notes payable to unrelated the		<u> </u>	150,000.	23	500,000.
	24	Unsecured notes and loans payable to unrelated third		_	130,000.	24	300,000.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			1,706,870.	25	463,761.
	26	Total liabilities. Add lines 17 through 25			2,663,625.	26	1,961,518.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X	, ,		
ar	27	Net assets without donor restrictions			516,403.	27	4,444,440.
Ba	28	Net assets with donor restrictions			125,762.	28	163,262.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here	;► 🛮 📑			
5	29	Capital stock or trust principal, or current funds				29	
ध	30	Paid-in or capital surplus, or land, building, or equipm		<u> </u>		30	
SS	31	Retained earnings, endowment, accumulated income,				31	
Ä	32	Total net assets or fund balances			642,165.	32	4,607,702.
lei Fe	33	Total liabilities and net assets/fund balances		<u></u>	3,305,790.	33	6,569,220.
<u></u>				11 09/22/21	3,303,130.	55	0,309,220.

	, contact the table to table to the table to the table to table t					<u> </u>
Pai	Reconciliation of Net Assets					
_	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>67.</u>
2	Total expenses (must equal Part IX, column (A), line 25).	2		•		<u>30.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	3			<u>37.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		64	2 <u>,1</u>	65.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4	60	7 7	0.2
Pai	rt XII Financial Statements and Reporting	10	4	, 60	1,1	02.
I al						
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		'es	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.					
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	ed on a				
I	b Were the organization's financial statements audited by an independent accountant?			2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis	ite				
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?			2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Х
I	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b		
BAA	TEEA0112L 09/22/21		F	orm <b>9</b>	90 (	2021)

### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

### **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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name o	Name of the organization Employer identification number							
	Center for Educational Innovation 13-4113613							
		Reason for Public Cha					<u>'</u>	uctions.
The c	The interest of order or							
3		A hospital or a cooperative h	nospital service organi	ization described in <b>se</b>	ction 17	0(b)(1)( <i>A</i>	A)(iii).	
4		A medical research organiza	tion operated in conju	unction with a hospital	describe	d in <b>sec</b>	ction 170(b)(1)(A)(iii).	Enter the hospital's
		name, city, and state:						
5	L	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle emplete Part II.)	ge or university owned	or oper	ated by	a governmental unit	described in
6		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 1	<b>70(b)(</b> 1)	)(A)(v).	
7	X	An organization that normally rin section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	eart of its support from a	governm	ental un	it or from the general p	ublic described
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part	II.)			
9		An agricultural research organi or university or a non-land-grai university:	nt college of agriculture		r the nan	ne, city,		
10		An organization that normall from activities related to its investment income and unre June 30, 1975. See section	y receives (1) more the exempt functions, sub- lated business taxable	nan 33-1/3% of its supp oject to certain exception e income (less section	oort from	n contrib (2) no r	more than 33-1/3% of	its support from gross
11	Г	An organization organized a	nd operated exclusive	ly to test for public saf	ety. See	section	1 509(a)(4).	
12		An organization organized and or more publicly supported of lines 12a through 12d that de	rganizations describe	d in <b>section 509(a)(1)</b> d	or <b>sectio</b>	n 509(a	)(2). See section 509(	(a)(3). Check the box on
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect					
b		Type II. A supporting organize management of the supporting must complete Part IV, Sect	organization vested in	ontrolled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organization	y having control or ation(s). <b>You</b>
С	Г	Type III functionally integrated	. A supporting organizat	ion operated in connectio	n with, a	nd function	onally integrated with, it	s supported
d		organization(s) (see instructi	ons). You must comp rated. A supporting org	olete Part IV, Sections anization operated in col	<b>A, D, an</b> nnection	<b>d E.</b> with its s	supported organization	's) that is not
е		functionally integrated. The cinstructions). <b>You must com</b> Check this box if the organiz	ation received a writte	en determination from	the IRS			
f	Εı	integrated, or Type III non-funter the number of supported						
	(i) N	rovide the following informationame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your g	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
<u>(E)</u>								
Total								

### 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: begii	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	5,364,280.	2,126,350.	1,538,317.	1,731,947.	13636569.	24,397,463.	
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.	
	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5,364,280.	2,126,350.	1,538,317.	1,731,947.	13636569.	24,397,463.	
6	<b>Public support.</b> Subtract line 5 from line 4						24,397,463.	
Sec	tion B. Total Support							
Cale: begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total	
7	Amounts from line 4	5,364,280.	2,126,350.	1,538,317.	1,731,947.	13636569.	24,397,463.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			22.		5.	27.	
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.) See Part VI				123,643.	10,738.	134,381.	
11	<b>Total support.</b> Add lines 7 through 10						24,531,871.	
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	12,180,327.	
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	▶□	
Sec	tion C. Computation of Pu	blic Support P	Percentage					
	Public support percentage for 20						99.45 %	
	Public support percentage from		•				1.00 %	
	16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
b	<b>33-1/3% support test—2020.</b> If the and <b>stop here.</b> The organization	ne organization die qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a or 16a or 16a	a, and line 15 is 33	3-1/3% or more, o	check this box	
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts	meets the facts-a	ind-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how	
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	ind-circumstances est. The organiza	s test, check this l tion qualifies as a	box and <b>stop here</b> publicly supporte	e. Explain in Part d organization	VI how the ►	
18	Private foundation. If the organize	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check thi	is box and see in:	structions	

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

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

Center for Educational Innovation

Sec	tion A. Public Support	- sto notog polon,	picase complete i	<u> </u>			
	lar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(4) 2017	(8) 2010	(4) = 1.10	(4) 2525	(0) 2021	() 10(0)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
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						
	<b>Total.</b> Add lines 1 through 5 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.)						
	tion B. Total Support				1	T	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	<b>(d)</b> 2020	<b>(e)</b> 2021	<b>(f)</b> Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  Net income from unrelated business activities not included on 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.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					▶
	tion C. Computation of Pul						
	Public support percentage for 20	•			•		<u> </u>
	Public support percentage from 2					16	%
	tion D. Computation of Inv						
17		•	• • •	-			<u> </u>
	Investment income percentage for					<u> </u>	% 
	<b>33-1/3% support tests—2021.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	▶ ∐
	<b>33-1/3% support tests—2020.</b> If the line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization of the organiz	, check this box	and <b>stop here.</b> Th	e organization qu	ialifies as a public	cly supported organ	ization ▶

### 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**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	: 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 <b>Part VI</b> 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.	4c		
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 <b>Part VI,</b> 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
С	: Did a disqualified person (as defined on 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 <b>Part VI.</b>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer line 10b below.	10a		
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.)	1 <b>0</b> b		

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Cob	dulo A (Form 000) 2021	2	Г	) <b>F</b>
Pa	dule A (Form 990) 2021 Center for Educational Innovation 13-411361  t IV Supporting Organizations (continued)	3		age 5
ıa	tr   capporting organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
;	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
1	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			•
			Yes	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 <b>Part VI</b> 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		
	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			-
_		$\equiv$	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	1		
	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played	3		
500	in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
360	non E. Type III Functionally integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
;	The organization satisfied the Activities Test. Complete line 2 below.			
ı	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	uction	s).
2	Activities Test. Answer lines 2a and 2b below.	ļ	Yes	No
;	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? If 'Yes,' then in <b>Part VI identify those supported organizations and explain</b> 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		
I	Did the activities described on 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? If 'Yes,' explain in Part VI the	20		
	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 Parent of Supported Organizations. Answer lines 3a and 3b below.

**a** 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? *If 'Yes' or 'No,' provide details in Part VI.* 

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

	dule A (Form 990) 2021 Center for Educational Innovati		13-41	13613	Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curren (option	
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			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curren (option	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):				
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			
Sec	tion 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			

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

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

BAA Schedule A (Form 990) 2021

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Pa	★ V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont.)	inued)	
Sec	tion D — Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	
9	Distributable amount for 2021 from Section C. line 6	9	

10 Line 8 amount divided by line 9 amount		10	
Line 8 amount divided by line 9 amount	ļ ·		
Section E — Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021	
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
<b>b</b> Excess from 2018			
c Excess from 2019			
<b>d</b> Excess from 2020			
e Excess from 2021			

BAA Schedule A (Form 990) 2021

Center for Educational Innovation

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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 4, 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.)

### Part II, Line 10 - Other Income

Nature and Source		2021	2020	 2019	2	018	 2017
Total	\$ \$	10,738. \$ 10,738. \$	123,643. 123,643.	\$ 0.	\$	0.	\$ 0.

### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

### If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• 5	Section	501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Name	of organ	ization			Employer identification	ation number
Cer	iter	for Educationa	l Innovation		13-411361	
			rganization is exempt under section	, ,		zation.
1			organization's direct and indirect political on of 'political campaign activities.'	ampaign activities in	Part IV.	
2	Politi	cal campaign activity ex	penditures. See instructions		<b>⊳</b> \$	
3	Volur	nteer hours for political	campaign activities. See instructions			
Par	t I-B	Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter	the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	0.
2	Enter	the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	0.
3			a section 4955 tax, did it file Form 4720 for			
4 a	Was	a correction made?				Yes No
		s,' describe in Part IV.				
			rganization is exempt under section	• • •	, , , ,	
1	Enter	the amount directly exp	pended by the filing organization for section	n 527 exempt function	n activities 🟲 \$	
2			g organization's funds contributed to other s			
3			ditures. Add lines 1 and 2. Enter here and		▶\$	
4	Did th	ne filing organization file	e Form 1120-POL for this year?			Yes No
5	amou	nt of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all s received that were promptly and directly del I action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	as a separate
		<b>(a)</b> Name	<b>(b)</b> Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

Schedule C (Form 990) 2021

Part II-A Complete if section 501(	the organizatio	n is exempt under se	ction 501(c)(3) and	l filed Form 5768 (el	lection under
A Check ► ☐ if the filin address,	g organization belon EIN, expenses, ar	gs to an affiliated group (and d share of excess lobbying cked box A and 'limited co	expenditures).		e,
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expenditu	ures to influence pu	ublic opinion (grassroots lob	obying)		
<b>b</b> Total lobbying expenditu	ures to influence a	legislative body (direct lobb	oying)		
, , ,	•	and 1b)			
e lotal exempt purpose e	xpenditures (add li	nes 1c and 1d)			
		nount from the following tal			
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess	·		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$ Over \$17,000,000	517,000,000	\$225,000 plus 5% of the excess of \$1,000,000.	over \$1,500,000.		
	amount (enter 25%	of line 1f)			
•	•	s, enter -0			
_		s, enter -0			
		r line 1h or line 1i, did the org			Yes No
(Som		4-Year Averaging Period l at made a section 501(h) el elow. See the separate inst	ection do not have to		
	Lobl	oying Expenditures During	4-Year Averaging Peri	iod	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					
BAA				Schedu	ule C (Form 990) 2021

### 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)).

or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description f the lobbying activity.			(b)	
			Amount	
See Part IV 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:				
a Volunteers?		X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Χ		
c Media advertisements?		Χ		
d Mailings to members, legislators, or the public?		Χ		
e Publications, or published or broadcast statements?		Χ		
f Grants to other organizations for lobbying purposes?		Χ		
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		Χ		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Χ		
i Other activities?	Χ		66,000.	
j Total. Add lines 1c through 1i			66,000.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Χ		
<b>b</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?				
			•	

### Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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?	3		

### Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
	a Current year	2a	
	<b>b</b> Carryover from last year	2b	
	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

### 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.

### Part II-B - Description of Lobbying Activity

CEI used a law firm and a lobbyist firm to meet on its behalf with New York State Assembly and Senate members as well as New York City Council members to secure funding through special legislative grants to support Project Boost. Project Boost is a school-based enrichment program serving public schools. CEI does not use any

firms to influence or change public opinion.

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Center for Educational Innovation

Open to Public Inspection
Employer identification number

				13-4113613
Par	t   Organizations Maintaining Donor	Advised Funds or Other	Similar Fu	nds or Accounts.
	Complete if the organization answ	rered 'Yes' on Form 990, P	art IV, line	e 6.
		(a) Donor advised fund	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor are the organization's property, subject to the control of the organization o			
6	Did the organization inform all grantees, donors for charitable purposes and not for the benefit of the property of the proper	of the donor or donor advisor, or	for any other	r purpose conferring
	impermissible private benefit?			iles INO
Par	t II Conservation Easements.	rand Wast on Farm 000 F	المحلال المح	. 7
	Complete if the organization answ			e /.
1		•	<u></u>	ion of a historically important land area
	Preservation of land for public use (for exampl Protection of natural habitat	e, recreation or education)		ion of a historically important land area
	Preservation of open space		Preservat	ion of a certified historic structure
2	<u> </u>	old a qualified concentation contribu	ition in the for	m of a concentration assembnt on the
2	Complete lines 2a through 2d if the organization he last day of the tax year.	eid a quaimed conservation contribt		in of a conservation easement on the
	,			Held at the End of the Tax Year
á	a Total number of conservation easements			2a
ı	Total acreage restricted by conservation easem	nents		2b
(	Number of conservation easements on a certific	ed historic structure included in	(a)	2c
(	d Number of conservation easements included in structure listed in the National Register	(c) acquired after 7/25/06, and r	not on a histo	ric 2d
3	Number of conservation easements modified, transtax year ►			
4	Number of states where property subject to conserv	vation easement is located ►		
5	Does the organization have a written policy reg			
	and enforcement of the conservation easement			
6	Staff and volunteer hours devoted to monitoring, in		_	
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and en	forcing conser	vation easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the require	rements of se	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements.			
Par	Organizations Maintaining Collection Complete if the organization answ	tions of Art, Historical Trevered 'Yes' on Form 990, F	easures, or Part IV, line	Other Similar Assets.
1 a	a If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for public exhibition, education,	or research	tatement and balance sheet works of art, in furtherance of public service, provide in
I	o If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	FASB ASC 958, to report in its r public exhibition, education, or res	evenue state search in furth	ment and balance sheet works of art, erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, li			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, his amounts required to be reported under FASB A	storical treasures, or other similar a SC 958 relating to these items:	assets for finar	ncial gain, provide the following
ä	a Revenue included on Form 990, Part VIII, line 1	1		
ı	Assets included in Form 990, Part X			<b>⊳</b> \$

Part III   Organizations Maintai	ning Colle	ections of Ar	t, Historic	ai ireasures, or	Otner Similar Ass	ets (contini	uea)
3 Using the organization's acquisition, items (check all that apply):	accession, a	nd other records	, check any o 	of the following that ma	ake significant use of its	collection	
<b>a</b> Public exhibition		d	Loan or e	xchange program			
<b>b</b> Scholarly research		е	Other				
c Preservation for future genera	ations						
<b>4</b> Provide a description of the organization Part XIII.		·		· ·			
5 During the year, did the organizate to be sold to raise funds rather the	ian to be ma	intained as part	t of the orgar	nization's collection?		Yes	No
Part IV Escrow and Custodial line 9, or reported an a	amount on	Form 990, F	Part X, line	e 21.	wered tes on For	III 990, Pa	rt iv,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodia	n or other inter	mediary for	contributions or othe	r assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	and complete th	e following t	able:	L		
						Amount	
<b>c</b> Beginning balance					1c		
<b>d</b> Additions during the year					1 d		
e Distributions during the year							
<b>f</b> Ending balance							
2a Did the organization include an a						Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check here if th	ne explanation	on has been provided	d on Part XIII		
Dalv E L C	1 1 '6		<u></u>	10/ 1 =	000 D 1 1/ 1:	10	
Part V   Endowment Funds. Co							
1 - Deginning of year belongs	(a) Current	year (b	) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
<b>1 a</b> Beginning of year balance							
<b>b</b> Contributions							
<b>c</b> Net investment earnings, gains,							
and losses							
·							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentage	of the curre	nt year end bal	ance (line 1	g, column (a)) held a	is:		
a Board designated or quasi-endowme	ent ►	%					
<b>b</b> Permanent endowment ►	%						
c Term endowment ►	%						
The percentages on lines 2a, 2b, an	nd 2c should e	qual 100%.					
3a Are there endowment funds not in the	ne possession	of the organizat	ion that are h	neld and administered	for the		
organization by:						Yes	No
(i) Unrelated organizations						3a(i)	<u> </u>
(ii) Related organizations						3a(ii)	<u> </u>
<b>b</b> If 'Yes' on line 3a(ii), are the rela	•		•			3b	<u> </u>
4 Describe in Part XIII the intended		-	endowment t	runas.			
Part VI Land, Buildings, and I Complete if the organization			on Form 9	990, Part IV, line	11a. See Form 990	D, Part X, I	ine 10.
Description of property		(a) Cost or othe	er basis (	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
<b>1 a</b> Land		(, 1000.1110.1	/	23010 (00101)	aopi colation		
<b>b</b> Buildings.							
c Leasehold improvements							
<b>d</b> Equipment				15,695.	14,050.	1	,645.
<b>e</b> Other				10,000.	14,000.		, 010.
Total. Add lines 1a through 1e. (Column		qual Form 990.	Part X, colu	mn (B), line 10c.)		1	,645.
ВАА						ıle D (Form 99	

Schedule D (Form 990) 2021

Part VII   Investments - Other Securities.   Complete if the organization answered	d 'Vos' on Form 99	N/A O Part IV line 11h See Form 9	900 Part V lina 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	
(1) Financial derivatives	(2) 20011 14140	(c) meaned or valuation: cook or one of	your market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(l)	,		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •	·		
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)	_		
(4)			
(5)			
(6)			
(7)			
(8)	<u> </u>		
(9)	<del> </del>		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . •	<u> </u>		
Part IX Other Assets.	N/A	4	
Complete if the organization answered	d 'Yes' on Form 99	0, Part IV, line 11d. See Form 9	
	escription		(b) Book value
(1)			
(2)			
<u>(3)</u> (4)			
(5)			
(6)			
(7)			
(8)	-		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (	(B) line 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on I		lle or 11t. See Form 990, Part X, line 25	
	ription of liability		(b) Book value
(1) Federal income taxes			162 761
(2) Deferred compensation payable (3)			463,761.
(4)			
(5)			
(6)			
(7)			
(8)	<u> </u>		
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			463,761.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fortunate has positions under EASE ASC 740. Check here if the text of the footnote has	=		liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	15,275,967.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	15,275,967.
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		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		15,275,967.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	'n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	11,310,430.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
<b>b</b> Prior year adjustments		
c Other losses. 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	11,310,430.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	11 210 420
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	J	11,310,430.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1.

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

### Part X - FASB ASC 740 Footnote

The Organization does not believe its financial statements include any material, uncertain tax positions. Tax filings for periods ending June 30, 2019 and later are subject to examination by applicable taxing authorities.

BAA Schedule D (Form 990) 2021

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number 13-4113613 Center for Educational Innovation **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) or entity (fundraiser) have custody or control of contributions? from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2021 Center for Educational Innovation 13-4113613 Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) Gala None through column (c) (event type) (event type) (total number) Revenue **1** Gross receipts..... 644,809 644,809. 430,823 430,823. **3** Gross income (line 1 minus line 2)..... 213,986 213,986. Cash prizes..... Direct Expenses Rent/facility costs..... 7 Food and beverages ..... **9** Other direct expenses..... 213,986. 213,986. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 213,986. Net income summary. Subtract line 10 from line 3, column (d)..... Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming Revenue (add column (a) through column (c)) (a) Bingo bingo/progressive bingo (c) Other gaming Gross revenue..... **2** Cash prizes..... Direct Expenses Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) ...... 8 Net gaming income summary. Subtract line 7 from line 1, column (d)..... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If 'No,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?.....

**b** If 'Yes,' explain:

Schedule G (Form 990) 2021	Center for Educational	Innovation	13-411361	3 Page <b>3</b>
11 Does the organization cond	ct gaming activities with nonmembers?			Yes No
	peneficiary or trustee of a trust, or a member a?			Yes No
13 Indicate the percentage of gar	ning activity conducted in:		122	0,
			-	%
-	f the person who prepares the organization's			6
Name ►				
Address ►				
<ul><li>15 a Does the organization have</li><li>b If 'Yes,' enter the amount of gaming revenue retained</li><li>c If 'Yes,' enter name and ad</li></ul>		ition► \$	revenue? [ and the amount	Yes No
Name ►				
Address ►				
16 Gaming manager information	n:			
Name ►				
Gaming manager compensa	tion ► \$			
Description of services prov	ded ►			
Director/officer	Employee I	ndependent contractor		
17 Mandatory distributions:				
	der state law to make charitable distributions			Yes No
	ns required under state law to be distributed		<u> </u>	] ies
organization's own exempt	activities during the tax year ► \$	, ,		
Part IV Supplemental Internation See	ormation. Provide the explanation 9, 9b, 10b, 15b, 15c, 16, and 17b, pstructions	s required by Part I, line 2, as applicable. Also provi	2b, columns (iii) de any additiona	and (v);

BAA TEEA3703L 07/12/21 Schedule G (Form 990) 2021

### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service **Compensation Information** 

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Center for Educational Innovation

Part I Questions Regarding Compensation

Employer identification number

13-4113613

		_		Yes	No
1 :	a Check the appropriate box(es) if the organization provided any of the foll VII, Section A, line 1a. Complete Part III to provide any relevant into	llowing to or for a person listed on Form 990, Part formation regarding these items.			
	First-class or charter travel	lousing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	lealth or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a	written policy regarding neument or			
	reimbursement or provision of all of the expenses described above		1 b		
		·			
2	Did the organization require substantiation prior to reimbursing or a trustees, and officers, including the CEO/Executive Director, regard		2		
3	Indicate which, if any, of the following the organization used to establish Executive Director. Check all that apply. Do not check any boxes for establish compensation of the CEO/Executive Director, but explain	or methods used by a related organization to			
	X Compensation committee	Vritten employment contract			
	Independent compensation consultant X C	Compensation survey or study			
	$\overline{X}$ Form 990 of other organizations $\overline{X}$ A	approval by the board or compensation committee			
	_				
4	During the year, did any person listed on Form 990, Part VII, Section organization or a related organization:	on A, line 1a, with respect to the filing			
i	<b>a</b> Receive a severance payment or change-of-control payment?		4 a		Χ
	${f b}$ Participate in or receive payment from a supplemental nonqualified	d retirement plan?	4 b		Χ
•	${f c}$ Participate in or receive payment from an equity-based compensati	ion arrangement?	4 c		Χ
	If 'Yes' to any of lines 4a-c, list the persons and provide the applica-	able amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus	st complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the orga contingent on the revenues of:	anization pay or accrue any compensation			
;	<b>a</b> The organization?		5 a		Χ
	<b>b</b> Any related organization?		5 b		Χ
	If 'Yes' on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the orga contingent on the net earnings of:	anization pay or accrue any compensation			
i	a The organization?		6 a		Χ
	<b>b</b> Any related organization?		6 b		Χ
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the payments not described on lines 5 and 6? If 'Yes,' describe in Part	e organization provide any nonfixed	7		Х
8	to the initial contract exception described in Regulations section 53	3.4958-4(a)(3)?			
	If 'Yes,' describe in Part III		8		X
9	If 'Yes' on line 8, did the organization also follow the rebuttable presump section 53.4958-6(c)?	otion procedure described in Regulations	9		

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

Schedule J (Form 990) 2021

### 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.

	(B) Breakdown of W-2	and/or 1099-MISC and/o	or 1099-NEC compensatio		(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
Michael Kohlhagen (	221,138.	0.	0.	25,200.	30,168.	276,506.	0.
1 CEO	0.	$\overline{)}$	0.	$\frac{1}{0}$ .	0.	0.	0.
Victor Isayev (Former)	162,434.	0.	0.	0.	0.	162,434.	0.
2 CFO (6		0.	0.	0.	0.	0.	0.
Alexandra Leff		0.	0.	600.	21,294.	185,294.	0.
3 Dir. of Arts Edu.		0.	0.	0.	0.	0.	0.
Anthony Orzo		<u> </u>	0.	0.	0.	164,000.	0.
4 Dir. of Prof. Serv		0.	0.	0.	0.	0.	0.
Virginia Connelly		<u>  0.</u>	0.	<u> </u>	0.	<u>158,875.</u>	0.
5 Exec.Dir. Sch.Tran		0.	0.	0.	0.	0.	0.
		<b>_</b>				L	
6 (1							
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TEEA4102L 10/27/21

Schedule J (Form 990) 2021

### 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.

TEEA4103L 10/27/21

### SCHEDULE O (Form 990)

### 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 Form 990-EZ.

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

13-4113613

Center for Educational Innovation

### Form 990, Part III, Line 1 - Organization 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 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 III, Line 4b - Program Service Accomplishments

Other programs - include school improvement activities through our field support services, grant funded academic and enrichment services such as NYC Immigrant and CASA funded enrichment and NYC DYCD Summer Rising, which are all consistent with the mission of the Organization. The Organization is now a lead agency with contracts for two NYC Community Schools. This citywide school improvement strategy supports

### Form 990, Part III, Line 4b - Program Service Accomplishments

services delivered by the lead agency, community partners and the school community. This organization's mission is aligned to this initiative and with a focus on academic improvement, provides comprehensive support in all areas, aligned with the traditional school day, coordinating all programs and services, and infuses its philosophy, with a focus on equity and innovation, to develop model community schools in all neighborhoods. The Community Schools program supports the whole child and the child's family, with learning both inside and outside of the classroom. The Organization supports the staffing to identify and coordinate all partnerships, delivery of direct academic and enrichment service including elements of Project BOOST, professional learning for school staff as well as all partners and their staff, the greater school community including parents. The lead agency works to seamlessly bridge the school day with before, during, and after school support to the entire school community with strong measurable outcomes in all areas of child development, community, family engagement and academic achievement. This is a multi-year contract with the NYC Department of Education with potential for growth in the future.

1) META/Meridian - CEI's Meridian (formerly META) program is funded by an Assistance for Arts Education (AAE) \$6M five-year grant awarded in 2021 by the Office of Elementary and Secondary Education of the United States Department of Education. Meridian is a professional learning program for K-5 teachers of students with disabilities in New York City (NY), Rochester (NY), San Juan (PR), Baltimore (MD) and Bridgeport (CT). The program builds on the success of the Organization's ETA program and expands its scope by utilizing an art integrated, differentiated curriculum, and providing teachers with workshops, PLC sessions and modeling. The curriculum includes innovative projects in music and visual art that teach literacy

### Form 990, Part III, Line 4b - Program Service Accomplishments

and math and strengthen SEL skills. There are six versions of every project and materials include, curriculum maps, lessons, implementation slide decks, modeling videos, resources, and materials, and supporting documents. Meridian also includes (1) training classroom teachers to be teacher leaders in arts integration and to facilitate PLC sessions; (2) hosting national annual conferences to disseminate the work; and (3) building a digital repository of all curricular materials.

2) Charter Schools - Given the history of the Organization and its founder's influence in the development of Charter School Law, Charter School Support remains one of the main programs of the Organization.

Following several cycles of federal funding sunsetting, the Organization continues to support charter Boards and school leaders via school-based contracts and grant funding to become highly effective and grow successful charter schools in three key areas:

- Educational Success
- ·Organizational Soundness
- •Faithfulness to Charter and Law

With alignment to the mission and continued focus on school transformation, the Organization continues to support the development of new charters, lead the renewal of charters, and explore and lead the expansion of charter schools. The Organization continues its support of struggling charter schools with school improvement planning and implementation. With several long-term whole school reform projects and multiple short-term engagements, the Organization continues its focus

### Form 990, Part III, Line 4b - Program Service Accomplishments

on leadership development, supporting improved performance as well as compliance with autonomy to achieve continuous academic improvement with alignment to public school accountability in all areas. The Organization's team of experts work closely with Charter School leadership and Boards in all areas of the NYS performance framework: student performance, teaching and learning, culture, climate and student and family engagement, financial condition, financial management, Board oversight and governance, organizational capacity, mission and key design elements, enrollment, retention and retention, and legal compliance.

### Form 990, Part III, Line 4c - Program Service Accomplishments

CEI's Education Through Art (ETA) program was funded by an Assistance for Arts
Education Development and Dissemination (AAEDD) \$2.5M four-year grant awarded in
2018 by the Office of Innovation and Improvement of the United States Department of
Education. ETA was a program that utilized visual art and music as effective
instructional strategies to directly teach ELA and Math while strengthening social
and emotional learning (SEL) skills. The program served grade 3-5 students with
disabilities and their teachers in NYC School District 75. The program tailored all
lessons, materials, and resources to the specific needs of each classroom to serve a
wide range of students - from those with cognitive challenges who are alternately
assessed, to those with emotional and behavioral challenges who take standardized
assessments. The program included in-class student instruction, professional
learning workshops, coaching and modeling, the compilation of a digital resource of
lessons, curriculum maps, and embedded schedules. The external found statistically
significant results regarding student and teacher outcomes.

### Form 990, Part III, Line 4d - Other Program Services Description

Project BOOST - (Building Options and Opportunities for Students) is the Organization's signature student enrichment program, which historically targets Name of the organization

Center for Educational Innovation

Employer identification number

13-4113613

### Form 990, Part III, Line 4d - Other Program Services Description

middle school students, who have demonstrated academic talents but do not have the financial resources necessary to cultivate and enrich their academic experience. The original overall goal of the program is to assist and to inspire participating middle school students in gaining admission to the highest quality high school, in NYC, being the Specialized High Schools. Overall, the program has grown to include schools in and out of NYC and as such, the goal has now broadened to inspire middle school students to gain admission into the best high school program possible, to nurture the talents and interests of students and help them identify college and career pathways. The Organization offers a triad of direct student services to build academic, cultural, social and service skills necessary for long-term student growth, academic enrichment, cultural enrichment and college to career development. In 2011, Project BOOST was extended to include the Organization's Early Stages program. The Organization's Early Stages provides free and significantly reduced-cost theater 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 theaters, Lincoln Center, and Carnegie Hall, and to provide multiple opportunities for students to respond to the theater through workshops, discussions, and writing (since its inception over 70,000 tickets have been made available to students).

With a focus on equity and innovation, Project BOOST has grown beyond its original programming, "Early Stages" live theater and cultural enrichment, high impact tutoring and social skill development, which all continue to thrive.

Project BOOST continues to grow, and change based on the post pandemic need for enhanced student engagement. With alignment to emerging technologies and interests

### Form 990, Part III, Line 4d - Other Program Services Description

of all students, a focus on the world of work, college and career, and alignment to the academic course of study of our students, enrichment in the areas of science, technology, engineering, mathematics, and the arts (STEAM) activities have been developed. They include the exposure to the latest innovations, anchored in students' interests and pointed toward careers of the future and current needs of the communities we serve.

Current offerings include the above-mentioned high impact tutoring, "Early Stages" live Broadway trips, as well as newer offerings such as coding and robotics, competitive video gaming infused with college to career and character education lessons, and social action art and music.

Project BOOST emphasizes the need to give back to the communities through a strong community service component. Students are taught that regardless of their socio-economic background, they can make fundamental contributions to society by giving of themselves through service.

Current programs are funded through city and state government grants and have expanded to fee for service school and district contracts. While originally designed to be delivered to middle schools, Project BOOST offerings are being modified and delivered to elementary, middle and high school students.

### Form 990, Part VI, Line 11b - Form 990 Review Process

A draft of IRS from 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

Schedule O (Form 990) 2021 Page 2

Name of the organization	Employer identification number
Center for Educational Innovation	13-4113613

### Form 990, Part VI, Line 11b - Form 990 Review Process (continued)

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, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

On an annual basis, any conflit 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 cash-by case basis with the member in conflict excused from voting. There were no situations of this nature for the 2022 fiscal year.

### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Compensation of CEI's CEO is based upon a compensation report. This was last prepared and presented for review in fiscal year 2021.

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

### Form 990, Part IX, Line 11g Other Fees For Services

(A)	(B)	(C)	(D)
Total	Program Services	Management <u>&amp; General</u>	Fund- raising
70tal 2,453,071. Total \$ 2,453,071. \$	2,394,444.	23,129.	35,498. \$ 35,498