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

Department of the Treasury Internet Revenue Service

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

A	For t	he 201	6 calendar year, or tax year begi	inning 09/01, 201 6	, and endin			X #10 10 7 1
В	_	applicable;	C Name of organization TEACHING MATTERS, INC	J.		D Employ	377047	2
	Add	res b lga	Doing business as					
	Nam	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E Telepho	ne number	
	leitia	il return	475 RIVERSIDE DRIVE		1270	(212)	870-3	3571
Г		l return/ Insted	City or town, state or province, country,	and ZIP or foreign postal code				
Г		ndad	NEW YORK, NY 10115			G Gross re	ecelpts \$	8,567,130.
		loation	F Name and address of principal officer:	JOSEPH C. LEWIS		H(a) is this	a group relu	ım for Yes X No
_	_ Ponto	9	SAME AS ABOVE				dinatos? I subordinates l	Included? Yes No
ī	Tax-ex	xempt st	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 621	7 It "No	o," eitech a lis	at, (see instructions)
J			WWW.TEACHINGMATTERS.OR			beam -	oxemption	number 🕨
ĸ			ization: X Corporation Trust	Association Other	L Year of	formation: 199	_	
	art I		mmary	1,000	10 100.00	Total Control of the	111 01111	
	1		describe the organization's mission of	r most significant activities: TEACH	ING MATT	ERS' MISS	ON IS	TO DEVELOP
aı	1 .		ETAIN GREAT TEACHERS, &					70 2212200
Activities & Governance		-	DENTS IN URBAN PUBLIC S	5.5 - 1				
Ě	١.							
5	2		this box 🕨 🔙 If the organization d					11.
ග ජෙ	3	Numb	er of voting members of the governing	body (Part VI, line 1a)		MODELS MODELS MODEL	3	11.
\$	4		er of independent voting members of i					53.
Ϋ́	5	lotali	number of Individuals employed in cale	endar year 2016 (Part V, line 2a)			5	25.
Ę	6	Total	number of volunteers (estimate if neces	sary)			B	217970
q	/a		unrelated business revenue from Part V					0.
	b	Net un	related business taxable income from	Form 990-T, line 34			7Ь	0,
						Prior Ye		Current Year
흐	8		butions and grants (Part VIII, line 1h)				,912.	3,771,625.
Revenue	9	Progra	ım service revenue (Part VIII, line 2g)	• 04 ASSESS ASSESS RESERVABLE REPORTED AS			,592.	4,385,664.
e v	10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d). ,			,125.	140,203.
_	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)			,230.	-486.
	12	Total r	evenue - add lines 8 through 11 (must	t equal Part VIII, column (A), line 12).			,399.	8,297,006.
MHT-I	13	Grants	and similar amounts paid (Part IX, colu	umn (A), lines 1-3)		368	,902.	471,692.
	14	Benefi	ts paid to or for members (Part IX, colu	mn (A), line 4)			0.	0.
60	15		es, other compensation, employee beni			3,992	,373.	4,532,995.
Expenses	16 a	Profes	sional fundraising fees (Part IX, column	(A), line 11e)			0.	0.
çbe			undraising expenses (Part IX, column (ent toron to			
ũ			expenses (Part IX, column (A), lines 11		2000 975,40 97	1,064	,614.	1,004,982.
	18	Total e	expenses. Add lines 13-17 (must equal	Part IX. column (A), line 25)	*****	5,425	,889.	6,009,669.
	19		ue less expenses. Subtract line 18 from			-710	,490.	2,287,337.
85		1101011	to total emperiment of man			Beginning of Cur	rent Year	End of Year
age and	20 21 22	Total a	ssets (Part X, line 16)			6,267	,719.	8,779,184.
Ags	21		abilities (Part X, line 26)				,543.	302,040.
받	22		sets or fund balances. Subtract line 21		• • • • • •		,176.	8,477,144.
Pa			nature Block	Holly land 20.				19.4 - 1.0 / / / / / / / / / /
-	_		perjury, I declare that I have examined thi	is return, including accompanying schedu	les and statem	ents, and to the b	est of my i	knowledge and bellef. It is
true	corre	ct, and c	complete. Declaration of preparer (other than	officer) is based on all information of which	ch preparer has	any knowledge.		
Sig:	n	3	Signature of officer			Date	1	
Her			ing received of onloss					
) -	Type or print name and tills				-	
_	-		ype or print name and tille	Dranara/s signalure	Date		7 114	NITO
³aid			*' ' '	Preparer's signature	Dale	Check		
	arer		S J REILLY	L DOMESTIC DATE			nployed	P00183769
•	Only	Firm's	name CONDON O'MEARA MC	CGINTY & DONNELLY L		Fim's EIN		628255
			address DONE BATTERY PARK PLAZA, 1			Phone no.	212-	-661-7777
May	the IF	RS disc	uss this return with the preparer show					. X Yes No
		t. E	Andreadlan And Madlan and Alba	- 1				E QQA (2015)

	m 880 (2016)	Page 2
Pa	Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III	x
1	Briefly describe the organization's mission:	·····
•	SEE SCHEDULE O.	CODY
		CUPY
	11 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
2	Did the organization undertake any significant program services during the year which were not lister prior Form 990 or 990-EZ?	
2	Did the organization cease conducting, or make significant changes in how it conducts, any	program
3	services?	
4	Describe the organization's program service accomplishments for each of its three largest progra	m services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gran	nts and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
_		
4a	(Code:)(Expenses \$ 4,753,767. including grants of \$ 471,692.)(Revenue \$ SCHOOL-BASED LEADERSHIP AND INSTRUCTIONAL SUPPORT: SEE SCHEDULE O.	4,385,664.
	SCHOOL-BASED LEADERSHIP AND INSTRUCTIONAL SUPPORT, SEE SCHEDOLES O.	
	D. W. Control of the	
	A service and a	
414	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u></u>
40	(Code:)(Expenses \$Including grains or \$)(Nevertible #	
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	p - 1/4 gri-10/4.	
40	(Code:) (Expenses \$ Including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
70	(Codds) (Expenses #) (Codds)	
		74
	- 1990-101	
د ۾	Other program services (Describe in Schedule O.)	
4 d	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 4,753,767.	
	O20 1.000	Form 990 (2016)
OE 1	1YO03H M261	

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Par	Checklist of Required Schedules		V - 1	
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation) in "Yes,"	- 2		
	complete Schedule A	PC	y X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		╜	,,
	candidates for public office? If "Yes," complete Schedule C, Part I ,	3		X
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 98-197 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		X
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, Pert IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	200,000
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parls VI,			10
	VII, VIII, IX, or X as applicable.	RE		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			7.0
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	11c		X
	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 167 If "Yes," complete Schedule D, Part IX	11d	_	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII,	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
	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? If "Yes," complete Schedule F, Parts III and IV	16		X
	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	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

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orm 9: Part	IV Checklist of Required Schedules (continued)		P	oge 4
rait	To Checklist of Required Schedules (continued)		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	7	Х
b		NO.	7	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization	7		
	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II.	21	Х	
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 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
d	to defease any tax-exempt bonde?	24c		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
_	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filling thresholds, conditions, and exceptions):	00-		x
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		-A
D	Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		¥1	
	conservation contributions? If "Yes," complete Schedule M	30		X
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		X
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	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
	or IV, and Part V, line 1.	34	_	X
_		36a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			

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Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. b Enter the number of Forms W-2G included in 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? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. 2a 53 b If at least one is reported on line 2a, did the organization fille all required deferal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fille (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C. 3b 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: See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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		990 (2016)			Pega (
1a Enter the number reported in Box 3 of Form 1096. Enter -0-if not applicable. b Enter the number of Forms W-26 included in line 1s. Enter -0-if not applicable. c Did the organization comply with backup withholding rules for reportable payments to validate and the reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flod for the calendar year ending with or within the year covered by this return. 5 1 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flod for the calendar year ending with or within the year covered by this return. 5 2 2 2 5 2 5 2 5 2 5 2 5 2 5 2 5 2 5	Pa				
b Enter the number of Forms W-26 included in fine 1s. Enter-0- if inclaphicable. Did the organization comply with backup withholding rules for reportable payments to valudos and reportable gaming (gambling) winnings to prize winners? 2 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. 3 It at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 It at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 It at least one is reported on line 2a, did the organization of the feel federal employment tax returns? 3 It is the organization have unrelated business gross income of \$1.000 or more during the year? 3 If if Yes is the sift did a Form 1990-Tr for this year? If Ym '0r in the \$b, provide an explanation in Schedule 0, 3 If it is sharing the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FPAR). 5 If Yes, enter the name of the foreign country. 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FPAR). 5 If Yes, or the same party to a prohibited tax sheller transaction at any time during the tax year? 5 If Yes, or the inestination aparty to a prohibited tax sheller transaction at any time during the tax year? 5 If Yes, or the same party notify the organization that it was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5 If Yes, or the same party notify the organization that was party to a prohibited tax sheller transaction at any time during the tax year? 5 Capanizations that may receive deductible contributions under section 170(c). 5 If Yes, did the organization have annual g		Check if Schedule O contains a response or note to any line in this Part V			بإز
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Stataments, field for the calendar year ending with or within the year covered by this return. 2 53 b If at least one is reported on line 2a, did the organization file all inequired federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did five organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 3b 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 accounts (FBAR). 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Bose instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Bose the organization bars amount gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible an charitable contributions? 5c Bose the organization solicit any contributions that were not tax deductible and charitable contributions or gifts were not tax deductible and the contribution of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 6d bid the organization solicit and promises of tangible personal property for which it was required to file form 2822? 6d if "Yes," indicate the number of Forms 8282 filed during the year. 7d If "Yes," indicate the number of Forms 8282 filed during the	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	D	7	No
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions). 3a bit fives, "in sit filed a Form 990-T for the year? If \textit{ \textit{ filed is most in Schedule 0.}} 3b if \textit{ 'Yes," in sit filed a Form 990-T for the year? If \textit{ \textit{ filed is a Form 50-100 or more during the year?}} 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)? 5b if \textit{ 'Yes,' enter the name of the foreign country:} \times 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FaRR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FaRR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FaRR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FaRR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FaRR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FaRR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FaRR). 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FaRR). 5ce instructions for filing requirements for FinCEN Form 8886-17. 5ce in Sec in Gardian for filing requirements for filing form 8886-17. 6c if 'Yes,'' did the organization include with every scolidation and sarphitos or promitions or gills were not tax deductible. 5c in If \text{ 'Yes,'' did the organization receive and promition of the value of the goods or services provided? 6c if \text{ 'Yes,'' did the organization receive and promi	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	100	2 1	
3a bil fire organization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. (such as a bank account, securities account, or other financial accounts)? 5b if "Yes," enter the name of the foreign country. (such as a bank account, securities account, or other financial accounts (FEAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5a Uses the organization approach that it was or is a party to a prohibited tax shelter transaction? 6b Did any taxable party notify the organization flie Form 8886-T?. 6a Does the organization above 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? 6c Does the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8b if "Yes," did the organization in contribution of under section 170(c). 9c Did the organization state number of Forms 8282 flied during the year. 9c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 9c Did the organization makes an outribution of undersolated funds. Did a donor advised funds. 9c Sponsoring organizations maintaining donor advised funds. Did a donor advised funds. 9c Sponsoring organizations maintaining donor advised funds. Did adonor advised funds. 9c Section 504(c)(27) organizations maintaining donor advise	b	· · · · · · · · · · · · · · · · · · ·	2b		
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d if "Yes," indicate the number of Forms 8282 filed during the year	C		7c		Х
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		the eigeneement is added desired in the first of the firs			
4a Did the organization receive any payments for Indoor tanning services during the tax year?	4 a	Did the organization receive any payments for Indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b SA Form 990	b SA	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	/2044

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	and i See ins	or a struct	"NO" ions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management		1	
	COI	N	Ys	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who are independent	* X3.		6-E.94
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	37.00	1105	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	X
6	Did the organization have members or stockholders?	6	_	Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l I		
	one or more members of the governing body?	7a	_	Х
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	I I		
	stockholders, or persons other than the governing body?	7b	SANGE	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		d S	
	the year by the following:	21250	X	21255
а	The governing body?	8a 8b	44	x
b	Each committee with authority to act on behalf of the governing body?	OD		-
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 in Schedule O	9		x
Cooti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		1	
Secu	on B. Policies (This Section & requests information about policies not required by the informat Nevertee	Ĭ	Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	10a		X
_	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
þ	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, If any, used by the organization to review this Form 990.			
b 420	The state of the s	12a	X	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
ы	rise to conflicts?	12ь	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by		4.0	335
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		17	
а	The organization's CEO, Executive Director, or top management official	15a	_X_	
ь	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	186	200	100
16a		100		12.20.20
	with a taxable entity during the year?	16a	VEIN S	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100	料 题	21
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	3113	200	2002
	organization's exempt status with respect to such arrangements?	16b		-
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NEW YORK	ED 44	/ 61	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 If applicable), 990, and 990-T (Section	501(0	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)			
			"	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	pol(c)	y, and
	financial statements available to the public during the tax year.	la: N-		
20	State the name, address, and telephone number of the person who possesses the organization's books and record CHRISTA M. BOGGIO, MBA 475 RIVERSIDE DRIVE, SUITE 1270, NEW YORK, NY 10115 212-870-3505	18.		
			000	(ande)

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......

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

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

ithin the

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C)

(A) Name and Title	(B) Average hours per week (list any	box, office	unle er an	heck sape dad	erson	e than o le both lor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from releted organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)ELIZABETH ROHATYN	2.00									
FOUNDER & CHAIRWOMAN EMERITA	0.	X		x				0.	0.	0.
(2)OLGA VOTIS	5.00									
CHAIRWOMAN	0.	х		X				0.	0.	0.
(3)DONALD J. DUET	1.00									
VICE-CHAIRMAN	0.	Х		Х				0.	0.	D.
(4) JOSEPH C. LEWIS	2.00									
TREASURER	0.	Х		X				0.	0.	0.
(5)JANET DEWART BELL	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(6)MICHAEL BIJAOUI	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)JULIE ENGERRAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(B)BRYAN R. LAWRENCE	1.00									
BOARD MEMBER	0.	x						0.	0.	0.
(9)ALAN LESGOLD	1.00			П						
BOARD MEMBER	0.	x						0.	0.	0.
(10)SONNY KALSI	1.00			П						
BOARD MEMBER	0.	x						0.	0.	0.
(11)LANCE LEENER	1.00			П						()
BOARD MEMBER	0.	х						0.	0.	0.
(12)INGRID EDELMAN	1.00									
BOARD MEMBER	0.	х						0.	0.	0.
(13)DR. EDWIN A. FRIEDMAN	1.00									
FMR. BOARD MEMBER	0.	х						0.	0.	0.
(14)LISA VERTUCCI	1.00			\neg						
FMR. BOARD MEMBER	0.	х						0.	0.	0.

J\$A 6E1041 1.000

(A)	(B)			(C	;)			(D)	(E)		(F)
Name and title	Average			Рові				Reportable	Reportable		Estmated
	ponte bet					then o		compensation	compensation (Pin 1	amount of
	week (list any hours for					or/trust		from	nlate	"	cther cmpensation
	related		-		\$			the organization	organizations (W-1/1099-MIS	12	from the
	organizations	Individual trustee or director	Institutional trustee	Officer	E S	Highest co employee	Former	(W-2/1099-MISC)	(VV-ELIOBE-IVIII	-	organization
	below dolted		rtior	ו ֿ	륄		¥	(** 2, 1000 14100)		- 1	and related
	line)	7 2	181		employee	" ≗					organizations
		ST ST	sr		"	3			_	- 10	
			93			compensated se				- 1	
5) LYNETTE GUASTAFERRO	40.00	-	-	\dashv	\dashv	-			-	\dashv	
CHIEF EXECUTIVE OFFICER	0.			x				175,381.		0.	26,288
6) JANE CONDLIFFE	40.00	_	-	^	-		_	1/3,361.		٠.	20,200
								255 245		_	22 445
DEPUTY DIRECTOR	0.					X		157,247.		0.	11,447
7) WILLIAM DONALDSON	40.00										
FMR. SR. EDUCATION CONSULTANT	0.					Х		151,598.		0.	19,122
B) WILLIAM HELLER	40.00										
SR. EDUCATION CONSULTANT	0.					x		131,096.		0.	0
9) FRAN CORVASCE	40.00				T					_	
SR. EDUCATION CONSULTANT	0.					х		123,475.		0.	C
) LINDA WOLVEK	40.00			- 5	-		-	125/3/5/		-	
SR. EDUCATION CONSULTANT	0.					x		114 402		0.	,
SK. EDUCATION CONSULTANT	0.	_	_	-	-		_	114,402.		 	
THE STREET										_	
TO THE STATE OF TH											
										\neg	
			-	-	-		_			-	
The second secon							_			_	
b Sub-total							\blacktriangleright	0.		0.	0
c Total from continuation sheets to Part VII, S	ection A .						\blacktriangleright	853,199.		0.	56,857
d Total (add lines 1b and 1c)							•	853,199.		0.	56,857
			ieta	d at	ove) who	\ ro	ceived more than	\$100,000 of		
Total number of individuals (including but not	limited to t	nose i	11-7-6-6-			7) WILL	,,,,		-		
Total number of individuals (including but not reportable compensation from the organization)		14			,,,,	y wiic	, 10				2023-01-00-01-01-01
					-	y wiic				-	Yes No
reportable compensation from the organization	n -	14	1		-			lovee or highes	t compansata	d	
reportable compensation from the organization Did the organization list any former office	er, directo	or, or	tru	ıste	e, k	key e	mp	oloyee, or highes	t compensate	d	
Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directo	14 or, or oh ind	tru ividi	ister	e, k	key e	mp				
Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler for any individual listed on line 1a, is the	er, directo	or, or ch ind	tru ividi	ister	e, k	key e	mp	nd other compens	sation from th	e	
Did the organization list any former office employee on line 1a? If "Yes," complete Schedus For any individual listed on line 1a, is the organization and related organizations greatered.	er, directorule J for such	or, or oh ind oortab	tru ividi	ister	e, k	key e	mp n at	nd other compens	sation from the	e h	3 X
Did the organization list any former officemployee on line 1a? If "Yes," complete Scheduler for any individual listed on line 1a, is the organization and related organizations graindividual	er, directorule J for such	or, or children or tab	tru ividi	ister ual compone	e, k	key e satior "Yes	mp n at	nd other compens	sation from th	e h	3 X
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Did the organization list any former officemployee on line 1a? If "Yes," complete Scheduler organization and related organizations graindividual	er, director used for successive complete compensated in compensated including but the compensated in the co	14 str., or	truivida	usterual	pen If for for and	satior "Yes any such racto ar yes	uni pers	nd other compensomplete Schedurelated organization	ention from the second or individual or than \$100,00 ain the organizatives	e h al 00 of	3 X 4 X 5 X

Form	990		TEACHING M	ATTERS, IN	c		13-3770	472 Page 9
Pa	rt V	Statement of Rever Check if Schedule O co		nse or note to a	ny line in this Part	VIII		
				2	(A) Total revenue	(B) Related or exempt function revenue	business COOP	(D) Recense excluded from tax notes sections 512-514
Contributions, Gffts, Grants and Other Similar Amounts	1a b c d	Membership dues Fundraising events	1b 1c 1d	117,675.		11 (12 (12 (12 (12 (12 (12 (12 (12 (12 (
Contributions of the contribut		f All other contributions, gifts, grants, and similar amounts not included above . g Noncash contributions included in lines 1a-1f: \$		3,653,950. 36, 930.				
Service Revenue	2a b	PROGRAM SERVICE FEES		Business Code	3,771,625. 4,385,664.	4,385,664.		
am Service	c d							
Program	f g				4,385,664.			
	4 5	and other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds .	108,210. 0. 0.		SECONDO DE CONSE	108,210.
	Ba b c	Gross rents	(I) Real	(ii) Personal				
	d 7a b	Net rental Income or (loss). Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities 277,837.	(II) Other	0.		Bullion of the state of the sta	
	c d 8a	and sales expenses			31,993.			31,993.
Other Revenue		events (not including \$ of contributions reported on I See Part IV, iine 18	117, 675. Ilne 1c).	22,125. 24,200.				
٥	9 a	Less: direct expenses Net income or (loss) from fur Gross income from gaming See Part IV, line 19	ndralsing events. activities.	15: 10	-2,155.			-2,155.
	b c	Less: direct expenses Net Income or (loss) from ga	b aming activities	0.	0.			
	10a b c	Gross sales of inventor returns and allowances Less: cost of goods sold Net Income or (loss) from sale	a	0.			(1) (34. 3	
	11a	Miscellaneous Revenue		Business Code 900099	1,569.	1,669.		\$\text{\tin}\text{\ti}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\tirr{\text{\ti}}}\tint{\text{\text{\text{\text{\text{\texit{\text{\text{\text{\texi}\
	b c d	All other revenue				i (ngga ngga ngga ngga ng	Complete despression	\$5055500000000000000000000000000000000
JSA 6E1051	12 1,000	Total Add lines 11a-11d Total revenue. See instruction			1,669. 0,297,006.	4,387,333.	American Association (Association	138,048. Form 990 (2016)

Sect	ion 501(c)(3) and 501(c)(4) organizations must				n (A).
_	Check if Schedule O contains a respo			(C)	
	not include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expelse	Fundralsing
	Grants and other assistance to domestic organizations	471,692.	471,692.	ICO	LIL
	and domestic governments. See Part IV, line 21	471,032.	471,052.		
	Grants and other assistance to domestic individuals. See Part IV, Ilne 22	0.			
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0.			
	Individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	215,345.	170,123.	30,148.	15,074
			3,1,2=1		
	Compensation not included above, to disquelified persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(B)	0.			
		3,598,755.	2,843,016.	503,826.	251,913
	Other salaries and wages	3,034,1001			
	Pension plan accruals and contributions (include	81,484.	64,372.	11,408.	5,70
	section 401(k) and 403(b) employer contributions)	291,443.	230,240.	40,802.	20,40
	Other employee benefits	345,968.	273,315.	48,435.	24,218
	Payroll taxes	010,3001	2.0,020	- 17,755	
	Fees for services (non-employees):	0.			
	Management , , , , , , , , , , , , , , , , , , ,	6,158.		6,158.	-
	Legal	53,200.		53,200.	
	Accounting	22,500.		22,500.	
	Lobbying	0.		21,500.	
	Professional fundraising services, See Part IV, line 17.	23,340.		23,340.	
	Investment management fees	25,540.		23/340,	
9	Other. (If line 11g amount exceeds 10% of line 25, column	240,494.	166,638.	73,856.	
	(A) amount, list line 11g expenses on Schedule O.)	61,315.	52,475.	5,893.	2,94
	Advertising and promotion	94,542.	50,592.	32,439.	11,51
	Office expenses , ,	138,609.	136,944.	1,110.	555
	Information technology	138,609.	130,944.	1,110.	33.
5	Royalties		C1 150	10 030	E 41
	Occupancy	77,415.	61,158.	10,838.	5,41
	Travel	0.			
8	Payments of travel or entertainment expenses				
1	for any federal, state, or local public officials	0.	444 454	6 007	2 45
9	Conferences, conventions, and meetings	121,514.	111,154.	6,907.	3,45
	nterest ,	0.			
	Payments to affiliates,	0.		12 025	
2	Depreciation, depletion, and amortization	13,835.		13,835.	
3	nsurance	0.			
4 (Other expenses, Itemize expenses not covered				
- 1	above (List miscellaneous expenses in line 24e. If				
- 1	Ine 24e amount exceeds 10% of line 25, column		- 44		
((A) amount, list line 24e expenses on Schadule O.)				
aC	THER	77,932.	54,891.	18,379.	4,66
b 7	EMPORARY HELP, RECRUITMENT,	31,444.	30,875.	379.	190
C.	AND TRAINING				
ď	OUES, FEES & SUBSCRIPTIONS	42,684.	36,282.	4,268.	2,13
ė	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	6,009,669.	4,753,767.	907,721.	348,18
6 1	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here				
- 4	following SOP 98-2 (ASC 958-720)	0.			

	III A	Check if Schedule O contains a response or note to any line in this P.	art X	2040120	100 1000 1 1000 1 1
		STOOM II COTTONING TO COTTONING	(A) [÷	(B)
			Beginning of year		The year
1	1	Cash - non-interest-bearing	926,91	U	1,205,83
	2	Savings and temporary cash investments	600,808.	2	330,230
	3	Pledges and grants receivable, net	115,000	3	1,787,160
	4	Accounts receivable, net	416,026	4	614,426
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Port II of Schodule I	Ö.	5	(
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		0940	
•		organizations (see instructions). Complete Part II of Schedule L	0,	6	
Assets	7	Notes and loans receivable, net	0.	7	C
185	8	Inventories for sale or use	0.	8	0
`	9	Prepaid expenses and deferred charges	47,965.	9	25,125
	10a	Land, buildings, and equipment: cost or			7 - 7
1		other basis. Complete Part VI of Schedule D 10a 611, 328.			
	b	Less: accumulated depreciation	41,864.		28,029
	11	Investments - publicly traded securities	3,975,599.		4,625,004
ı	12	Investments - other securities. See Part IV, line 11	143,548.	12	154,369
	13	Investments - program-related. See Part IV, line 11	0.	13	0
	14	Intangible assets	0.	14	0
	15	Other assets. See Part IV, line 11	0.	1	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,267,719.	16	8,779,184
٦	17	Accounts payable and accrued expenses	210,593.	17	127,790
	18	Grants payable	0.	10	0
	19	Deferred revenue	111,950.	19	174,250
	20	Tax-exempt bond liabilities	0.	20	0
1	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0,	21	0
ای	22	Loans and other payables to current and former officers, directors,			
Tabillies		trustees, key employees, highest compensated employees, and	The state of the second		0000#60 0 0 0 000
9		disqualified persons. Complete Part II of Schedule L	0.		0
기	23	Secured mortgages and notes payable to unrelated third parties	0.		0
1	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
1	25	Other liabilities (including federal income tax, payables to related third			
1		parties, and other liabilities not included on lines 17-24). Complete Part X			
١		of Schedule D	0.	25	0
┙	26	Total liabilities. Add lines 17 through 25	322,543.	26	302,040
.		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and	- 20		
}		complete lines 27 through 29, and lines 33 and 34.	And A. Sector And St. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co		
	27	Unrestricted net assets	5,800,176.	27	6,686,985
1	28	Temporarily restricted net assets	145,000.	28	1,790,159
1		Permanently restricted net assets	0.	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	7.		
1	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
1	33	Total net assets or fund balances	5,945,176.	33	8,477,144
	34	Total liabilities and net assets/fund balances	6,267,719.	34	8,779,184

orm 8	90 (2016)		Pa	ge 12
Par	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)	8,2	9,1	006.
2	Total expenses (must equal Part IX, column (A), line 25)			669.
3	Revenue less expenses. Subtract line 2 from line 1	2,	8,	337.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5,9	45,	176.
5	Net unrealized gains (losses) on investments	2	44,	631.
6	Donated services and use of facilities			0.
7	Investment expenses			0.
8	Prior period adjustments			0.
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	8,4	77,	144.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	****		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.	-	de Soon	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?, , ,	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
Ь	Were the organization's financial statements audited by an independent accountant?	2b	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			
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?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 601(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gqwform999.

OMB No. 1545-0047 2016

Open to Public Inspertion

Department of the Treasury Internal Revenue Service Name of the organization

TEACHING MATTERS, INC.

Pa	Reason for Public Ch	arity Status (All	organizations must	comple	te this p	art.) See instructions	5
The	organization is not a private fo		•	-		•	
1	A church, convention of ch						
2	A school described in sect	tion 170(b)(1)(A)(li	i). (Attach Schedule E	(Form 9	190 or 99	0-EZ).)	
3	A hospital or a cooperative	e hospital service (organization described	in secti	on 170(b)(1)(A)(iii).	
4	A medical research organ hospital's name, city, and		conjunction with a ho	spital de	escribed	n section 170(b)(1)(A)(iii). Enter the
5	An organization operated		a college or univers	ity owne	d or op	erated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (Complete Part II.)					
6	A federal, state, or local g	overnment or gove	ernmental unit describe	ed in sec	tion 170	(b)(1)(A)(v).	
7	X An organization that norm	nally receives a su	bstantial part of its s	upport fi	rom a go	vernmental unit or fr	om the general public
	described in section 170(b)(1)(A)(vi). (Comp	lete Part II.)				
8	A community trust describ	ed in section 170(b)(1)(A)(vi). (Complet	e Part II.)		
9	An agricultural research of	rganization describ	ed in section 170(b)(1)(A)(ix)	operate	d in conjunction with a	land-grant college
	or university or a non-land	-grant college of a	griculture (see instruc	tions). E	nter the	name, city, and state of	f the college or
	university:			·			
10	An organization that normal receipts from activities relasupport from gross investre acquired by the organization	nent income and u	inrelated business tax	able inc	ome (les	s section 511 tax) from	hip fees, and gross in 331/3 % of its businesses
11	An organization organized	and operated exc	lusively to test for pub	lic safety	See se	ction 509(a)(4).	
12	An organization organized	and operated excl	lusively for the benefit	of, to p	erform tl	ne functions of, or to	carry out the purposes
	of one or more publicly su	upported organizat	tions described in sec	tion 509	(a)(1) o	r section 509(a)(2). 9	See section 509(a)(3).
	Check the box in lines 12a	through 12d that d	lescribes the type of s	upportin	g organi	zation and complete li	nes 12e, 12f, and 12g.
а	Type I. A supporting org	anization operated	f, supervised, or contr	olled by	Its supp	orted organization(s).	typically by giving
	the supported organizati						
	supporting organization.	D.C. 1				,	
h	Type II. A supporting org	PARTIES SPRINGER SE	300 Carriera .		n with its	supported organizati	on(s) by having
_	control or management						
	organization(s). You mus			110 3011	io porsor	is that contact of this	ago tilo tapportoa
	Type III functionally Inte			ated in e	ooneetic	n with and functions	lly integrated with
·	its supported organizatio	55	- 955				ily integrated with,
d	Type III non-functionally		57				tod organization(s)
u						• • • • • • • • • • • • • • • • • • • •	-
	that is not functionally int	And the second second	21 do 100 do 100 do 1	44.5		•	an adeniiveness
_	requirement (see instruc	The Late Control of the Control of t	기계보다 마닷데 전보보다 없었다. 그 그리아 없다.				i Time III
е	Check this box if the orga					**	і, туре ііі
	functionally integrated, or						
	Enter the number of supported	_					
-	Provide the following informati			In. yr. or			(VI) Amount of
	(I) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	other support (see
			above (see instructions))	docu	men!?	instructions)	Instructions)
				Yes	No		
(A)							
<u> </u>							
(B)							
(C)							
(D)	311						
<u></u>	-					151-92-	
(E) ——							
Total	1		0	1			

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

Pai	Support Schedule for Orga (Complete only if you checke Part III. If the organization fail	d the box on I	ine 5, 7, or 8 o	f Part I or if th	ie organizatioi	n failed to qua	
Sec	tion A. Public Support					COD	TZ.
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	012 10	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	984,380.	976,109.	1,347,113.	698,912.	3,771,625.	7,778,139.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf, ,						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total, Add lines 1 through 3	984,380,	976,109.	1,347,113.	690,912.	3,771,625.	7,778,139.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						0.120.604
6	shown on line 11, column (f)			Sec.			2,132,584. 5,645,555.
_	tion B. Total Support						3,043,333.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	984,380.	976,109.	1,347,113.	698,912.	3,771,625.	7,778,139.
8	Gross Income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,137.	5,358.	127,081.	135,358.	108,210.	378,144.
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.) . ATCH. 1		302.	747.	621.	1,669.	3,339.
11	Total support. Add lines 7 through 10 , .						8,159,622.
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is forganization, check this box and stop here						
	tion C. Computation of Public Sup		*	44 - 1 (0)		44	69.19%
14	Public support percentage for 2016 (III					15	51.40%
15	Public support percentage from 2015 331/3% support test - 2016. If the o						
ıva	this box and stop here. The organization						
h	331/3% support test - 2015. If the co						
_	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t	he "facts-and-c	ircumstances" te	st. The organia	zation qualifies	as a publicly s	upported
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization						
18	supported organization						
	Instructions						
					5	Schedule A (Form 9	90 or 990-EZ) 2016

	ile A (Form 990 or 980-EZ) 2016	.)		/) - F00/-\/0\			Page 3
Part	Support Schedule for Orga (Complete only if you check	ed the box or	scribed in Sec n line 10 of Pai	tion 609(a)(2) rt I or if the org	anization faile	ed to qualify u	ınder Part II.
	If the organization fails to qu						
Sect	ion A. Public Support					CO	DV
Caleni	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	0)2 10	(f) Total
1	Gifts, grants, contributions, and membership fees				1		
	received. (Do not include any "unusual grants.")						
	Gross receipts from admissions, merchandise				1		i i
	sold or services performed, or facilities				1		
	furnished in any activity that is related to the		1				
	organization's tax-exempt purpose				 		
	Gross receipts from activities that are not an impelated trade or business under section 513.		ĺ				
	Tax revenues levied for the				——	-	
	organization's benefit and either paid						
	o or expended on its behalf						
	The value of services or facilities						
	urnished by a governmental unit to the	1					
	organization without charge						
	Cotal. Add lines 1 through 5. ,						
7a /	Amounts included on lines 1, 2, and 3						
r	ecelved from disqualified persons						
	Amounts included on lines 2 and 3 eceived from other than disqualified						
	ersons that exceed the greater of \$5,000				Į.	1	
	r 1% of the amount on line 13 for the year						
	Add lines 7a and 7b. ,						
	ublic support. (Subtract line 7c from	1			8	1	
	ine 6.)					J	
	on B. Total Support	(=) 0040	(A) 0040	4-1 004 4	(4) 201E	(e) 2016	(f) Total
	ar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(8) 2010	(i) rotal
	Amounts from line 6, ,						-
p	eayments received on securities loans, ents, royalties and income from similar						
	ources						
	Inrelated business taxable income (less				1	1	
	ection 511 taxes) from businesses						
	equired after June 30, 1975						
	dd lines 10a and 10b						
	ctivities not included in line 10b,				l		
W	hether or not the business is regularly						
	arried on						
	oss from the sale of capital assets					1	
	Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11,						
	and 12.)						
4 F	Irst five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	year as a sect	ion 501(c)(3)
0	rganization, check this box and stop here .						▶
ectio	on C. Computation of Public Sup	port Percent	age	***************************************			G - KG
5 P	ublic support percentage for 2016 (line 8,	, column (f) divide	ed by line 13, colur	nn (f)). ,		16	%
P	ubilc support percentage from 2015 Sche	dule A, Part III, lir	ne 15,			16	%
	on D. Computation of Investmen						124
	evestment income percentage for 2016 (ili					1	%
	evestment income percentage from 2016						%
	31/3% support tests - 2016. If the org						
1	7 is not more than 331/3%, check thi						
	31/3% support tests - 2015. If the orga						
		a box and sint	top nere. The or	ganızatloh qualifi	es as a publicly	supported org	anization 💆 💹
th	ne 18 is not more than 331/3 %, check	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see in	structions -
H	rivate foundation, if the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see in	structions > m 990 or 990-EZ) 2018

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Rate	blare.	7	
Secti	on A. All Supporting Organizations	Y		
Occur	Of A. All dupporting 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 Part VI 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	1=4	4((4)/4
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 Part VI 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 Part VI what controls the organization put in place to ensure such use.	3c		- m w
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	(6) 11 (3)	*) (+)
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	14	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	c	-12:
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
Ь	designated in the organization's organizing document?	6b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	7	\vdash
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			١.
	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	6	42	11103
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VL	-	-	<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	2.53	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	-	10
9a	Was the organization controlled directly or indirectly at any time during the fax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		Lett
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		-
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		2400
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	harden building to the Assessment (the Debaggie C. Form 1790 to	10b		_

Part	V Supporting Organizations (continued)			_
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and on the controls of the control of th	ŊΥ	7.	00 10
	below, the governing body of a supported organization?	113	-	-
	A family member of a person described in (a) above?	11b		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	116		
Secti	ion b. Type Toupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			- 2
	tax year? If "No," describe in Part VI how the supported organization's directors of trustees at all lines during the			
	controlled the organization's activities. If the organization had more than one supported organization,		. I	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Scale-Scale	100	- 3
	supervised, or controlled the supporting organization.	2	_	<u></u>
Secti	on C. Type II Supporting Organizations			Ma
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	W (
	or trustees of each of the organization's supported organization(s)? If No, describe in Part Viriow control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		320
Secti	on D. All Type III Supporting Organizations	<u> </u>		_
0000	on b. All Typo III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (I) appointed or elected by the supported		- 50	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			(10)
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		_
3	By reason of the relationship described in (2), did the organization's supported organizations have a	7.65		
	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 Part VI the role the organization's supported organizations played in this regard.	2.0	:0	·
<u> </u>		3	_	
	on E. Type III Functionally Integrated Supporting Organizations	-dericati	nac)	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Institute of the Organization satisfied the Activities Test, Complete line 2 below.	,0000	oris).	
8	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions)	i i
·	The digatification supported a governmental stitus. Seconds in the result of the supported a government stitus in the supported as government stitus in the s			No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		(6)	}
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part Vi identify those supported organizations and explain how these activities directly furthered their exempt purposes,	1		
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a		
6	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D.	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	10		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		(4)(10)	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ 1 Check here if the organization satisfied the Integral Part Test as a qualifying Instructions. All other Type III non-functionally integrated supporting organic	g trust o	n Nov. 20, 1970 (explain	
Section A - Adjusted Net Income	zations	(A) Prior	parrent Yea (ortional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):		Y	
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 1-1/2% of line 3 (for greater amount, see Instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		× 1	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	11		1
2 Enter 85% of line 1.	2	2 1/2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
B Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functional.	6	ū a	

Schedule A (Form 990 or 990-EZ) 2016

instructions).

e Excess from 2016....

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 10, 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 10 an

SCHEDULE A, PART II	- OTHER	INCOME			ATTACHMENT I	
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
MISCELLANEOUS INCOME		302.	747.	621,	1,669.	3,339.
ምስጥል ፕ. ብ		302.	747.	621.	1,669.	3,339,

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.go

Open to Public 'n pection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign • 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 enswered "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 5758 (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.

	ee separate instructions), the		(Tax) (see separate i	nationalist of total 800-	EZ, Part v, line ooc (1 tok)
	ection 501(c)(4), (5), or (6) org	ganizations: Complete Part III.			
All Course March	of organization			Employer ide	ntification number
	HING MATTERS, INC.			13-377	
		organization is exempt under			
1 F	Provide a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV. (see	instructions for definition
C	of "political campaign activi	ties")			
2 F	Political campaign activity e	xpenditures (see instructions)		 \$	
3 \	olunteer hours for political	campaign activities (see instruction programme activities (see instruction is exempt under	ns)		Water Street
		cise tax incurred by the organization			
2 E	Enter the amount of any ex	cise tax incurred by organization m	anagers under sect	on 4955 , , 🕨 \$	
		a section 4955 tax, did it file Form			
		one an energy because any enterior enterior annexes and			Yes No
b li	f "Yes," describe in Part IV.	The second second			
Part I	C Complete if the	organization is exempt under	section 501(c), ex	ccept section 501(c)(3	3).
		expended by the filing organization			
		ng organization's funds contributed			
		es			
		enditures. Add lines 1 and 2. Er			
lii	ne 17b			· · · · · · · · · · · · · · · · · · ·	1 1. 11.
4 D	old the filing organization fil	e Form 1120-POL for this year? , and employer identification number	· · · · · · · · · · · · · · · · · · ·	- 507 political arganiza	Yes No
		s. For each organization listed, er			
th	ne amount of political conf	tributions received that were prom	notly and directly de	livered to a separate po	litical organization, such
		nd or a political action committee (
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(-, , , , , , , , , , , , , , , , , , ,	(-)	\-, -,	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
				1	delivered to a separate political organization. If
					none, enter -0
(1)					
(יי)			1	1	
(2)					
127					
[3}					
(4)					
(4)	***				***************************************
· *F			1		
(5)					
, ,			1		
(6)					
			1	ı	

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

Schedule C (Form 990 or 990-EZ) 2016

Schodule C (Form 890 or 890-EZ) 2016 TEA	CHING MATT	ERS, INC.		13-3	770472 Page 2
Part II-A Complete if the organi section 501(h)).					
name, address, EIN,	expenses, and	d share of excess I	obbying expend		oup member's
B Check ► if the filing organiza			control" provisi	ons apply.	DIZ
Limits on I	obbying Expen	ditures		(a) Filing	(b) Afiliated
(The term "expenditures	" means amou	nts paid or Incurred.)	organization's totals	group totals
1a Total lobbying expenditures to influe	nce public opin	ion (grass roots lobi	ying)		
b Total lobbying expenditures to Influe	ence a legislativ	e body (direct lobbyi	ng)		
c Total lobbying expenditures (add lin	es 1a and 1b) .				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Ent	er the amount	from the following	table in both		
columns.					
If the amount on line 1e, column (a) or	b) is: The lobbyi	ng nontaxable amount	ls:		
Not over \$500,000	20% of the	amount on line 1e.			
Over \$500,000 but not over \$1,000,000		lus 15% of the excess			
Over \$1,000,000 but not over \$1,500,0		ilus 10% of the excess		2 4 4	
Over \$1,500,000 but not over \$17,000		ilus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amount (en					
h Subtract line 1g from line 1a. If zero					
I Subtract line 1f from line 1c. If zero	or less, enter -0	***********			
j If there is an amount other than					
reporting section 4911 tax for this					Yes No
45		raging Period Unde			no below
(Some organizations that ma					ins below.
	See the separa	ate instructions for	ines za through	21.)	
	l obbylna Evne	enditures During 4-Y	ear Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (160% of line 2a, column (e))		3		0.0	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots celling amount	34				

f Grassroots lobbying expenditures

Sch	adule C (Form 990 or 990-EZ) 2016			, 3,,,	0 1 1 2	Page 3
_	art II-B Complete if the organization is exempt under section 501(c)(3) and has NO	T file	d Foi	m 576	8	
	(election under section 501(h)).					
Fo	each "Yes," response on lines 1a through 1i below, provide in Part IV a defailed	_	1)	220	(a)	
	scription of the lobbying activity.	Yes	6	$\mathbf{\Omega}$	Din Zini	
	- Anna Jerra III	-	•	V		
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
_	referendum, through the use of:	0.11	4.6	1		
a b	Volunteers?			1		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
9	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	- ·				0 E00
I	Other activities?	Х	_			2,500
j	Total. Add Ilnes 1c through 1i	***	Х			2,500
28	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		- 1			- C C C C C C C C C C
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 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1	2127			
	rt III-A Complete If the organization is exempt under section 501(c)(4), section 501	(c)(5	. or s	section	1	
	501(c)(6).					
					Y	eB 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				3	
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	section	l line 2	1_
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	UK (אן נט	17E III-A	, iine s,	15
_				1		
1	Dues, assessments and similar amounts from members			-	-	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount of section 162(e) are not for the post of the post	ints	01			
	political expenses for which the section 527(f) tax was paid). Current year	07/17/70	279472	2a		
a b	Carryover from last year.			2b		
	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le			1250		
	and political expenditure next year?	• • •		4		-
5	Taxable amount of lobbying and political expenditures (see instructions)			6		
Pa	rt IV Supplemental Information //de the descriptions required for Part I-A, Ilne 1; Part I-B, Ilne 4; Part I-C, Ilne 5; Part II-A (affiliate	ל מנט	ın liet	h). Part	II.A lines	1 and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	u gio	up no	y, rait	1174 11110	, i uiiu
. 10	the field and find the printer of the parties and a second second					
-	The state of the s					
_						
			_			

Schedule C (Form 880 or 980-EZ) 2016

Part IV Supplemental Information (continued)



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.

20**16**

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/for

Open to Public

Name of the organization TEACHING MATTERS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . . Aggregate value at end of year....... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 28 2b Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register...,...,...... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located > _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and valunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, Inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

_	dule D (Form 990) 2016						Page 2
Par	t III Organizations Maintainin						
3	Using the organization's acquisitio	n, accession, and o	ther records, check	any of the folio	wing that are a si	anificant use	of its
	collection items (check all that appl	y):					
a	Public exhibition		d Loan o	r exchange progr	ams	ATDX7	
b	Scholarly research		e Other				
¢	Preservation for future gener	ations					
4	Provide a description of the organ		and explain how t	hey further the	rganization's exem	pt purpose i	in Part
	XIII.						
5	During the year, did the organizatio	n solicit or receive de	onations of art, histo	rical treasures, o	r other similar		
	assets to be sold to raise funds rath					Yes [No
Par	t IV Escrow and Custodial Ar		pane -	3			
and the	Complete if the organizati	ion answered "Yes	" on Form 990. Pa	art IV. line 9. or	reported an amou	ent on Form	
	990, Part X, line 21.						
10	Is the organization an agent, truste	e custodian or othe	r Intermediary for c	entributions or oth	ner assets not		
10	included on Form 990, Part X?					Yes	No
L	If "Yes," explain the arrangement in						
b	ii 165, explaiii the allangement ii	1 Fait Aili ailu cump	iete the following tab		Amount		
	Designates belongs				Miliodile		
C	Beginning balance						
d	Additions during the year						
e	Distributions during the year						
f	Ending balance			<u> 1f </u>	al apparent Habilitary	Yes	No
2a							- NO
	If "Yes," explain the arrangement in	n Part XIII. Check he	re if the explanation	nas been provide	d on Part XIII	<u> d</u>	
Par	t V Endowment Funds.	in an automad ilVan	II E 000 D	white line 40			
_	Complete if the organizat				Line	1 (-) -	
		(a) Current year	(b) Prior year	(c) Two years back			
1a	Beginning of year balance	895,000.	531,000.	176,500			0,000
þ	Contributions	3,083,160.	780,000.	731,000	226,500	1. 17	5,500
C	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
e	Other expenditures for facilities						
•	and programs	1,438,001.	416,000.	376,500	350,500). 55	5,000
r	Administrative expenses						
	-	2,540,159.	895,000.	531,000	176,500	30	0,500
g	End of year balance						
2	Provide the estimated percentage Board designated or quasi-endown	29.5257	mu palance (inte 19,	column (a)) neld	as.		
a b	Permanent endowment >	%	-10				
	Temporarily restricted endowment	and the contract of the contra					
C	The percentages on lines 2a, 2b, a		00%				
-	·			are held and adr	n Injetered for the		
Ja	Are there endowment funds not in	the possession of th	e organization that	aid libid dila adı	IIIIIISTELEO IOI THE	Ye	s No
	organization by:					, 3a(i)	X
	(i) unrelated organizations					3a(ii)	X
	(ii) related organizations , ,						-
	If "Yes" on line 3a(ii), are the relate					. 30	
4	Describe in Part XIII the intended u		tion's endowment fur	ias,			
Pai	1 VI Land, Buildings, and Equi Complete if the organiza	ipment. fion answered "Ye	s" on Form 990. P	art IV. line 11a.	See Form 990. P	art X. line 1	0.
_	Description of property	(a) Cost or		or other basis (c)	Accumulated	(d) Book value	
		(invest		ther) de	epreciation		
1a	Land						
b	Buildings						
C	Leasehold Improvements			219,363.	191,334	28	,029.
d	Equipment			368,391.	369,391		
0	Other			23,574.	23,574		
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	990, Part X, colum	n (B), line 10c.) .		28	,029.
-							

	TEACHING MATTI	ERS, INC.	13-	3770472
Part VII	Investments - Other Securities. Complete if the organization answered	i "Yes" on Form 990	, Part IV, line 11b. See Form 990,	Page Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mari	
(1) Financia	al derivatives			Jri
	-held equity Interests			
(3) Other_	STAND STATE STATE			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	Milwest annual Service 200 Deat V and William 421 b		- ALCOHOL -	
	n (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.			
Part VIII	Complete if the organization answered	l "Yes" on Form 990	Part IV. line 11c. See Form 990.	Part X. line 13.
	(a) Description of Investment	(b) Book value	(c) Method of valuat	7,11
	(a) Description of investment	(b) Book value	Cost or end-of-year mark	
(1)			10-	
(2)				
(3)				
(4)	11.11.11.11.11.11.11.11.11.11.11.11.11.			
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) lina 13.)			
Part IX	Other Assets. Complete if the organization answered	i "Yes" on Form 990	. Part IV. line 11d. See Form 990,	Part X, line 15.
		scription		(b) Book value
(1)				
(2)				
(3)			and the second s	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book value	9	
	al income taxes		n) eşi	
(2)				
(3)				
(4)	370 10-7111111			12
(5)				
(6)				
/7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 98

1 YO 0 3 H M 2 6 1

(8)

Paga 5

Part XIII Supplemental Information (continued)

PART V - LINE 4

DURING 2016, THE BOARD IN AGREEMENT WITH MANAGEMENT SET ASIDE A RESERV OF \$750,000 (BOARD-DESIGNATED) TO BE UTILIZED TO FUND SHORT-TERM AND MEDIUM-TERM PROGRAMMATIC EXPANSION AND OTHER IDENTIFIED STRATEGIC INITIATIVES.



TEMPORARILY RESTRICTED NET ASSETS REPRESENT GRANTS RECEIVED, WHICH ARE TEMPORARILY RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE. ONCE THAT SPECIFIC PURPOSE HAS BEEN MET, THE FUNDS ARE RELEASED FROM RESTRICTION AND ARE REPORTED IN THE STATEMENT OF ACTIVITIES AS ASSETS RELEASED FROM RESTRICTIONS.

PART XI - LINE 2D

DIRECT SPECIAL EVENT EXPENSES: 24,280.

PART XI - LINE 2D

DIRECT SPECIAL EVENT EXPENSES: 24,280.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/formation.

OMB No. 1545-0047 2016

Open to Public Inspection

Employer working a community

reaci	IING MATTERS, INC.					13-8 70 77	
Partl	Fundraising Activities. Con	mplete if the orga	anization a	nswered	"Yes" on Form 9	90, Part IV, line	17.
	Form 990-EZ filers are not				antivities Observe	II that and c	
Г	ndicate whether the organization ra	_	- Indiana		activities. Oneck a non-government g		
a	Mail solicitations Internet and email solicitations	e f			non-government grants		
b	Phone solicitations				ising events	•	
d	In-person solicitations	g	L Char	ANI TUTIOTA	ioning overno		
	Did the organization have a written	or arel agreement	with any inc	lividual (in	cluding officers d	irectore trustees	
241	or key employees listed in Form 990	D. Part VII) or entit	vin connec	tion with p	rolessional fundra	ising services?	Yes No
b l	f "Yes," list the 10 highest paid ind compensated at least \$5,000 by the	lividuals or entities	(fundraise	rs) pursua	nt to agreements	under which the f	undraiser is to be
	(i) Name and eddress of individual or entity (fundraleer)	(ii) Activity	custody o	draiser have r control of sutions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundralser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		1	Yes	No		1000	
1							
2							
3	,,						
4	W.				*10		
5							
6							
7	1000						
8	United Autor						
9	2010800000		-				*161
10		+					-
	110000000000000000000000000000000000000						
Total				▶			
	list all states in which the organize egistration or licensing.	etlon is registered	or licensed	d to solicit	t contributions or	has been notified	It is exempt from
					3		
						W	
	400		11-75-277		UMU -		
		-220					

		_
-		-71

		(a) Event #1 ANNUAL LUNCHEON	(b) Event #2	(c) Other event	Od col. a) through
		(event type)	(event type)	(total number	col. (c)
Revenue	1 Gross receipts	139,800.			139,800
ď	2 Less: Contributions	117,675.			117,675
	3 Gross income (line 1 minus line 2).				22,125
	4 Cash prizes				
	5 Noncash prizes	•			
uses	6 Rent/facility costs	2,100.			2,100
Direct Expenses	7 Food and beverages ,	. 17,292.			17,292
Direct	8 Entertainment		-		
	9 Other direct expenses	4,888.			4,888
	10 Direct expense summary. Add lines 11 Net income summary. Subtract lines	10 from line 3, column (d)		<u>></u>	-2,155
		1 115 4		1 11 (1) 40 -	
	Gaming. Complete if the or than \$15,000 on Form 990	ganization answered "Ye -EZ, line 6a.	es" on Form 990, Pa	rt IV, line 19, or rep	orted more
Pa	Gaming. Complete if the or than \$15,000 on Form 990	rganization answered "Ye-EZ, line 6a.	es" on Form 990, Pa (b) Puli tabs/instant bingo/progressive bingo	rt IV, line 19, or rep	(d) Total gaming (add col. (a) through col. (c))
Pa	Gaming. Complete if the or than \$15,000 on Form 990	-EZ, line 6a.	(b) Pull tabs/instant	,	(d) Total gaming (edd
Revenue	than \$15,000 on Form 990	-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant	,	(d) Total gaming (edd
Revenue	than \$15,000 on Form 990	-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant	,	(d) Total gaming (edd
Revenue	than \$15,000 on Form 990 1 Gross revenue 2 Cash prizes	-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant	,	(d) Total gaming (edd
	than \$15,000 on Form 990 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	-EZ, line 6a. (a) Bingo	(b) Puli tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	than \$15,000 on Form 990 1 Gross revenue 2 Cash prizes 3 Noncash prizes	-EZ, line 6a. (a) Bingo	(b) Puli tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	than \$15,000 on Form 990 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	-EZ, line 6a. (a) Bingo . Yes% No	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes%	(d) Total gaming (add col. (a) through col. (c))
Revenue	than \$15,000 on Form 990 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	-EZ, line 6a. (a) Bingo Yes% No 2 through 5 in column (d)	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	than \$15,000 on Form 990 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 8 Net gaming income summary. Sub Enter the state(s) in which the organization licensed to conduct	Yes% No 2 through 5 in column (d) tract line 7 from line 1, columnated to conducts gaming act	(b) Pull tabs/instant bingo/progressive bingo Yes% No Imn (d) ivities:of these states?	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	than \$15,000 on Form 990 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 8 Net gaming income summary. Sub Enter the state(s) in which the organization licensed to conduct	Yes	(b) Pull tabs/instant bingo/progressive bingo Yes% No Imn (d) ivities:of these states?	(c) Other gaming Yes % No	(d) Total gaming (add col. (a) through col. (c))

13-3770472

TEACHING MATTERS, INC.

Sched	dule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		_
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	\mathbf{DV}	
а	5 1/3/3 1/3/3 1/3/4 1/3/		%
b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address >		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а			
	retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
	or spent in the organization's own exempt activities during the tax year 🕨 \$		
Par	**EIV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
0			

SCHEDULEI

Department of the Treasury Internal Revenue Service Name of the organization (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047	2016
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Open to Public Inspection

Employer Identification number 13-3770472 2

X Yes

Ξ	TEACHING MATTERS, INC.	13-37704
Ра	Part I General Information on Grants and Assistance	
7	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and
	the selection criteria used to award the grants or assistance?	
8	2 Describe in Part IV the organization's procedures for monitoring the use of great funds in the United States	

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assisfance
(1) SPORTS & ARTS IN SCHOOL FOUNDATION							
58-12 NORTHERN BLVD. WOODSIDE, NY 11377	11-3112635	501(C)(3)	471,692.				SUBRECIPIENT GRANT
(2)							
(3)							
(4)							
	-						
(5)							
(9)							
	_						
(2)							
(8)							
(6)							
(10)							
							C
(11)							(
)
(12)							P
- 1							7
	d government o	rganizations [is	ted in the line 1 tat	elt		A	.: Y
3 Enter total number of other organizations listed in	sted in the line	1 table	the line 1 table				

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 5E1288 1.000

Schedule I (Form 990) (2016)

IY003H M261

TEACHING MATTERS, INC.

Schedule I (Form 990) (2016)

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

reciplents	cash grant	non-cash assistance	FMV, appraisal, other)	
		j.		
ø				

Intornation.

PART I - LINE -

TMI RECEIVED AN AWARD FROM THE NEW YORK STATE EDUCATION DEPARTMENT. TMI

PERFORYS SERVICES WITH RESPECT TO ACADEMICS, WHILE SPORTS AND ARTS

FOUNDATION, VIA APPROVAL FROM NYSED, PERFORMS SERVICES FOR OUT OF SCHOOL

SPORTS AND ARTS.



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 "Yos" on Form 990, Part IV, line 23.

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form99

Open to Fublic num r -3770472

OMB No. 1545-0047

Name of the organization TEACHING MATTERS, INC.

Par	Questions Regarding Compensation	-		
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as, mald, chauffeur, chef)		Yes	No
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X			rus Par
a b c	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment?	4a 4b 4c	X	X X
5 a b	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b		x x
6 a b	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization?	6a 6b		X X
7	If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	_7		x
9	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	8		x

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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 o	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Tibe		(i) Base compensation	(ii) Bonus & incentive compensation	(15) Other reportable compensation	other defarred compensation	benefits	(B)(i)+(D)	in column (B) reported as deferred on prior Form 990
LYNETTE GUASTAFERRO	ε	172,731.	2,650.	0	10,364.	15,924.	201,669,	
CHIEF EXECUTIVE OFFICER	9	L	0	0				
JANE CONDLIFFE	€	154,597.	2,650,	0	9,276.	2,171.	168,694,	
2DEPUTY DIRECTOR	E		0.	0.				
WILLIAM DONALDSON	8	59,09	0	92,501.	3,700.	15,422.	170,720.	
3 PMR. SR. EDUCATION CONSULTANT	8	0	0	0				
	8							
7	€							
	8							
0	8							
	8							
9	8							
	8							
7	€							
	ε							
80	©							
	ε							
6	€							
	ε							
10	€							
	0							
11	•							
	ε							
12	€							
	Ξ							
13	(ii)							C
	Θ							
14	€)
	(3)							P
15	(1)							7
	8							7
16	▣							
							Sch	Schedule J (Form 990) 2015

S.

6E1291 1.000 IYOO3H M261

Schedule J (Form 980) 2016

Page 3

Page 3

Page 4

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.



Schedule J (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury internal Revenue Service

Attach to Form 990. Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open To Public in paction

Name of the organization TEACHING MATTERS, INC.

Pa	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont	(d) detern rlbution	nining 1 amoi	unts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods				~			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicity traded	X	1.	36,930.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation				1			
	contribution - Historic							
	structures						_	
14								
	contribution - Other							-
15	Real estate - Residential							_
16	Real estate - Commercial					_		-
17	Real estate - Other						-	_
18	Collectibles					_		_
19	Food inventory						_	_
20	Drugs and medical supplies						_	_
21	Taxidermy						_	_
22	Historical artifacts							
23	Scientific specimens					-		
24	Archeological artifacts						-	
26 26	Other ►()					_		
27	Other ►()							
28	Other ►() Other ►()	-						
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for	2/1	_		_
23	which the organization completed I				29			
	Which the organization completed i	0200,	rait IV, Dones Acknowledg	Join Ont Control of Control	la incole		Yes	No
30a	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part I. line	s 1 through			
	28, that it must hold for at least t						- 1	
	to be used for exempt purposes for					30a		X
b	If "Yes," describe the arrangement							
31			tance policy that require	es the review of any	nonstandard			
•	contributions?					31	x	
32a	Does the organization hire or use							
~ = 4	contributions?	-				32a		X
h	If "Yes," describe in Part II.	85 S 557 S	SE 105 SIGNED SE SOG SE					
33	If the organization didn't report an	amount in o	column (c) for a type of bro	perty for which column (a) is checked.			
	describe in Part II		() = apr pr					

Schedule M (Form 990) (2016)

Part II

Page 2

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Form 8868

(Rev. January 2017)

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.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extensi any of the Electronic filling (e-file). You can electronically file Form 8868 to request a 6-month automatic extension 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 filling of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic	6-Month Extension of Time. Only subn	nit original	(no copies needed).						
All corporat	ions required to file an income tax return oth	er than For	n 990-T (including 1120-C	filers), partnerships, l	REM	ICs, and trusts			
must use F	orm 7004 to request an extension of time to	file income	tax returns.						
				Enter filer's Identifying	_				
T	Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) or					
Type or	н			4.0.0000470					
print	TEACHING MATTERS, INC.			13-3770472					
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.			Social security number (SSN)					
	475 RIVERSIDE DRIVE 1270								
return, See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
HISTI DELICITS.	NEW YORK, NY 10115								
Friter the R	eturn Code for the return that this applicatio	n is for (file	a separate application for e	ach return)		01			
	otalii oogo ioi ilio jotalii tiist tiis appiiosii			* Intervel and the					
Application		Return	Application			Return			
s For		Code	is For			Code			
Form 990 c	or Form 990-EZ	01	Form 990-T (corporation)	990-T (corporation)					
Form 990-E		02	Form 1041-A	rm 1041-A					
	(Individual)	03	Form 4720 (other than li	orm 4720 (other than Individual)		09			
Form 990-F		04	Form 5227						
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)			Form 8870			12			
 If the org If this is for the who a list with the for the 	ne No. 212 870-3505 ganization does not have an office or place of for a Group Return, enter the organization's file group, check this box	f business in four digit Ground digit Ground first for pusion is for until	oup Exemption Number (GE art of the group, check this 07/16, 2018 anization's return for:	box▶ to file the exempt	orga	, If this is and attach anization return			
	tax year entered in line 1 is for less than 12 Change in accounting period								
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					3a	0.			
						• •			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						0.			
estim	estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS								
			ieni with this form, if requ	ired, by using EFTPS		0.			
(Elect	ronic Federal Tax Payment System). See Inst	ructions.	10 10 11 B	C 0450 EO	3c	·			
Caution. If y	ou are going to make an electronic funds withdray	vai (direct dei	oit) with this Form 8868, see I	Form 8453-EO and Form	1 887	a-⊏O for bayment			
instructions.					_	0000 (5			
For Privacy	Act and Paperwork Reduction Act Notice, see in	structions.			FORTI	8868 (Rev. 1-2017			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fo

Department of the Treasury Internal Revenue Service Name of the organization

TEACHING MATTERS, INC.

gov/formation

dep les d'num er

OMB No. 1545-0047

Open to Fublic

PART III - LINE 1

TEACHING MATTERS WORKS TO CLOSE THE LEARNING GAP IN URBAN PUBLIC SCHOOLS WHERE THERE IS AN URGENT NEED FOR GREAT TEACHERS. WE PARTNER WITH DISTRICTS AND SCHOOLS TO INCREASE TEACHER EFFECTIVENESS IN MEASURABLE AND SUSTAINABLE WAYS. WE DEVELOP TEACHER LEADERS AND TEACHERS IN FIVE KEY AREAS: TEACHER LEADERSHIP; LITERACY, MATH, EARLY READING AND FORMATIVE ASSESSMENT. IN 2016/17 WE PROVIDED IN-DEPTH PROGRAMMING TO APPROXIMATELY 50,288 STUDENTS, 1,589 TEACHER LEADERS AND TEACHERS AND 214 SCHOOLS. TEACHING MATTERS TRANSFORMS HOW EDUCATORS WORK TOGETHER HELPING THE MOST EFFECTIVE TEACHERS DEVELOP THE SKILLS NEEDED TO LEAD THEIR PEERS AND DRIVE SCHOOL-WIDE IMPROVEMENT.

TEACHING MATTERS' CORE METHODS INCLUDE DEVELOPING TEACHER LEADERS AND HELPING TEACHERS IMPROVE CONTENT-FOCUSED INSTRUCTION. TEACHING MATTERS PARTNERS WITH SCHOOL SYSTEMS TO RAISE TEACHER PERFORMANCE THROUGH THE FOLLOWING SERVICES:

THROUGH TEACHER LEADERSHIP MATTERS AND EMERGING TEACHER LEADERS WE
COLLABORATE WITH PUBLIC SCHOOL SYSTEMS TO SUPPORT CAREER PATHWAYS FOR
INSTRUCTIONAL TEACHER LEADERSHIP. THESE INITIATIVES ARE DEDICATED TO
DEVELOPING THE COMPETENCIES OF TEACHER LEADERS TO LEAD THEIR COLLEAGUES,
INCREASE TEACHER RETENTION RATES, AND SCALE EXPERTISE OF THE HIGHEST
PERFORMING EDUCATORS. THEY COMBINE IN-PERSON, PEER-BASED WORKSHOPS WITH
ONLINE MODULES AND COACHING THAT STRUCTURES TEACHER LEADER DEVELOPMENT.



ONCE THEY DISPLAY MASTERY OF THE TEACHING AND LEADERSHIP COMPETENCIES,
TEACHER LEADERS EARN THE OPPORTUNITY TO FORMALIZE THEIR ROLE, AND LEAD
EDUCATIONAL INITIATIVES WITHIN THEIR SCHOOLS. TEACHERS RECEIVE
MICRO-CREDENTIALS BY DEMONSTRATING COMPETENCIES THROUGH JOB EMBEDDED,
PRACTICE-BASED COACHING. BY DISTINGUISHING THEMSELVES AS EFFECTIVE
EDUCATORS, THEY EARN THE RESPONSIBILITY TO SERVE AS TEACHER LEADERS.
TEACHER LEADERS ARE THEN COACHED TO GUIDE THE REST OF THE FACULTY,
CREATING A PROFESSIONAL DEVELOPMENT NETWORK FOR ALL TEACHERS.

ASSESSMENT MATTERS DEVELOPS THE NECESSARY SYSTEMS AND CULTURE FOR USING FORMATIVE ASSESSMENT DATA TO DRIVE IMPROVED TEACHING AND LEARNING IN K-12 SCHOOLS. THIS SERVICE AIMS TO BUILD SCHOOL-WIDE CAPACITY FOR INFORMED INSTRUCTION LEADING TO A CLIMATE THAT ALLOWS STUDENTS TO TAKE OWNERSHIP OF THEIR LEARNING.

EARLY READING MATTERS, LITERACY MATTERS, MATH MATTERS AND WRITING MATTERS FOCUS ON CONTENT-BASED COACHING THAT CAN BE DIRECTLY APPLIED TO THE CLASSROOM. THESE SERVICES ADVANCE K-12 MATH AND LITERACY TEACHER INSTRUCTION AS WELL AS STUDENT PERFORMANCE IN ACCORDANCE WITH COMMON CORE STANDARDS.

IMPACT

OVER THE COURSE OF 20 PLUS YEARS, TEACHING MATTERS HAS OFFERED
YEAR-ROUND, IN-DEPTH PROGRAMMING TO APPROXIMATELY 1,000 SCHOOLS, 30,000

COPY

TEACHERS AND 500,000 STUDENTS. MANY OF TEACHING MATTERS' PARTNER SCHOOLS ARE IN UNDERSERVED COMMUNITIES WITH POVERTY LEVELS OF 89 PERCENT OR HIGHER. SELF REPORTED TEACHER RETENTION RATES AMONG TEACHER LEADERS IS 42% ABOVE THE NATIONAL AVERAGE. OVER 90% OF PRINCIPALS IN PARTICIPATING SCHOOLS AGREE THAT TEACHING MATTERS IMPROVED THE OVERALL EFFECTIVENESS OF TEACHERS, AND THAT THE TEACHER LEADERS HAD A POSITIVE EFFECT ON TEACHER EVALUATIONS. THE ORGANIZATION'S PROGRAMS HAVE INCREASED STUDENT PERFORMANCE IN MATH AND ELA IN OVER 80% OF PARTICIPATING MIDDLE SCHOOLS.

PART VI, SECTION A. - QUESTION 8B
SUBCOMMITTEES OF THE BOARD OF DIRECTORS CANNOT ACT INDEPENDENTLY OF THE BOARD.

PART VI, SECTION B. - QUESTION 11B

PRIOR TO FILING, A MEETING WAS HELD WITH TEACHING MATTERS, INC.'S

INDEPENDENT AUDITORS TO DISCUSS AND REVIEW THE FORM 990. ALL BOARD

MEMBERS WERE INVITED TO THIS MEETING.

PART VI, SECTION B. - QUESTION 12B

TEACHING MATTERS, INC. COLLECTS SIGNED CONFLICT OF INTEREST POLICY FORMS

FROM EACH BOARD MEMBER AND HIGHEST COMPENSATED EMPLOYEE AT THE FIRST

MEETING OF THE BOARD OF DIRECTORS EACH YEAR. ANY CHANGES FROM THE

PREVIOUS YEAR ARE RESEARCHED BY TEACHING MATTERS, INC.

PART VI, SECTION B. - QUESTION 15A

THE BOARD SETS THE SALARY OF THE EXECUTIVE DIRECTOR USING GUIDELINES

Employer identification number

13-3770472

PROVIDED BY THE NONPROFIT COORDINATING COMMITTEE SALARY SURVEY, WHICH A BENCHMARK OF COMPARABLE ORGANIZATIONS.



PART VI, SECTION B. - QUESTION 15B

THE HIGHEST COMPENSATED EMPLOYEES MEET ANNUALLY WITH THE EXECUTIVE

DIRECTOR. AT THIS MEETING THERE IS A PERFORMANCE REVIEW AND THEN A

DECISION IS MADE REGARDING COMPENSATION FOR THE COMING YEAR BASED ON

BENCHMARKS OF SALARY FROM COMPARABLE ORGANIZATIONS. THESE SALARY

RECOMMENDATIONS ARE SUBMITTED FOR BOARD APPROVAL.

PART VI, SECTION C. - QUESTION 19

TEACHING MATTERS, INC. MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charitles Bureau Registration Section 28 Liberty Street New York, NY 10005

2016 Open to Public

1. General Information

1. General implim	ation							
For Fiscal Year Beginning (mm/dd/yyyy) 09 / 01 / 2016 and Ending (mm/dd/yyyy) 08 / 31 / 2017								
Check if Applicable: Address Change	Name of Organization: T	INC.	Employer Identification Number (EIN): 13-3770472					
Name Change	Mailing Address:		NY Registration Number:					
Initial Filling	475 RIVERSIDE I		05-36-48					
Final Filing	City / State / Zip:			Telephone:				
Amended Filing	NEW YORK, NY, 101	.15		(212) 870-3571				
Reg ID Pending	Website:			Emall:				
	www.TEACHINGMAT	TERS.ORG						
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT Charities Registry at www.Charities NYS.com.								
2. Certification								
See instructions for certifica	tion requirements. Improp	er certification is a violation	of law that may be subject	to penalties.				
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.								
President or Authorize	ed Officer: Signature		Print Name	and Title Date				
Chief Financial Officer	and Title Date							
3. Annual Reportir	g Exemption							
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.								
3a. 7A filling exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see Instructions).								
3b. EPTI_filling exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.								
4. Schedules and Attachments								
See the following page for a checklist of schedules and attachments to complete your filing. 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-ventures for fund raising activity in NY State? If yes, complete Schedule 4a. 4b. Did the organization receive government grants? If yes, complete Schedule 4b.								
5. Fee								
See the checklist on the next page to calculate your fee(s), indicate fee(s) you	7A filing fee: 25.	EPTL filling fee:	Total fee: \$275	Make a single check or money order payable to:				
are submitting here:	Ψ	Ψ	Ψ	"Department of Law"				

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filling exemption in Part 3.

- Your organization is registered as EPTL only and you marked the EPTL filling exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTI filling ex motion in Part 3.

CI	necklist	of Sch	edules	and	Attachments
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Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" In Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) If you answered "yes" In Part 4b, submit Schedule 4b: Government Grants Check the financial attachments you must submit with your CHAR500: | X | IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: Review Report If you received total revenue and support greater than \$250,000 and up to \$750,000. Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support is less than \$250,000 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required Calculate Your Fee Is my Registration Category 7A, EPTL, DUAL or EXEMPT? For 7A and DUAL filers, calculate the 7A fee: Organizations are assigned a Registration Category upon \$0, if you checked the 7A exemption in Part 3a registration with the NY Charitles Bureau: X \$25, If you did not check the 7A exemption in Part 3a 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") For EPTL and DUAL fliers, calculate the EPTL fee: EPTL filers are registered under the Estates, Powers & Trusts \$0. If you checked the EPTL exemption in Part 3b

\$25, if the NET WORTH is less than \$50,000

\$50, if the NET WORTH is \$50,000 or more but less than \$250,000

\$100, If the NET WORTH is \$250,000 or more but less than \$1,000,000

\$250, If the NET WORTH is \$1,000,000 or more but less than \$10,000,000

\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000

\$1500, If the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

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

Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.ChariliesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS From 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).