# **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 Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

-	Information	about	Form	990	and it	: instruc	ctions is	at www	w.irs	aov/fa	rm990

Open to Public Inspection

A	For th	he 201	5 calendar year, or tax year begi	nning 09/01, <b>2015</b>	, and ending				W/P		
В	Check if a	applicable:	C Name of organization TEACHING MATTERS, INC	2.			ployer dent 3-3770		umer		
	Addr		Doing business as				o Constitution Con		mountains manager		
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	€ Tel	ephone numb	er			
	Initia	i return	475 RIVERSIDE DRIVE,	SUITE 1270	1270	(21	2) 870	-3571			
		return/ inated	City or town, state or province, country, a	and ZIP or foreign postal code							
	Amer	nded	NEW YORK, NY 10115			<b>G</b> Gro	oss receipts \$		6,234	4,730.	
		cation	F Name and address of principal officer:	JOSEPH C. LEWIS			s this a group subordinates?	return for	Yes	X No	
		. •	475 RIVERSIDE DRIVE,	STE. 1270 NEW YORK, N	Y 10115	1	Supprendicates? Are all subordinat	tes included?	Yes	No	
ī	Tax-ex	empt st	atus: X 501(c)(3) 501(c) (	) (insert no.) 4947(a)(1)	or 527		lf "No," attach a	a list. (see ir	structions)	<u> </u>	
J	Websi	ite: ⊳	WWW.TEACHINGMATTERS.ORG	3	*	H(c)	Group exemption	n number	▶		
K	Form	of organ	nization: X Corporation Trust	Association Other	L Year of f	ormation: 1	994 M St	ate of lega	domicile	: DE	
-	art I		ımmarv	*							
and the same		Briefly	describe the organization's mission o	r most significant activities: TEACH.	ING MATTE	RS' MI	SSION I	S TO	DEVEL	OP	
ą,	1	& R	ETAIN GREAT TEACHERS, &	MEASURABLY INCREASE	THEIR ABI	LITY T	O GIVE	<del>-</del> -			
anc			DENTS IN URBAN PUBLIC S								
E	2		this box   if the organization d				not accote		<b>-</b>		
Governance	3		er of voting members of the governing	•				3	14.		
	ا ا	Numb	er of independent voting members of t	he governing hady (Part V/ line 1h)			· · · · ·	1		14.	
es	5									55.	
Activities &	2		number of individuals employed in cale							$\frac{-33.}{14.}$	
Act	7-	Total	number of volunteers (estimate if necess	sary)			· · · · ·   <u>- </u>			0.	
•			unrelated business revenue from Part V							0.	
	D	ivet ui	nrelated business taxable income from	Form 990-1, line 34	<del> </del>		7 or Year		Current Y		
	١.				<del> </del>		347,113			3,912.	
Ë	8		butions and grants (Part VIII, line 1h)				903,676			5,592.	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)							$\frac{3,392}{1,125}$ .	
8	10	0.500									
	11								,230.		
	12		revenue - add lines 8 through 11 (must				405,160			399.	
	13		s and similar amounts paid (Part IX, colu				394,485	<del></del>	368	3,902. 0.	
	14		its paid to or for members (Part IX, colu				0.		· [		
S	15		es, other compensation, employee bene		4,	139,617		3,992	373.		
Expenses	16 a		ssional fundraising fees (Part IX, column				0	•	<del></del>	0.	
Ž.	b		fundraising expenses (Part IX, column (I			tendifika yirlilir					
ш	17		expenses (Part IX, column (A), lines 11				322,312			,614.	
	18	Total of	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 25)	<u>L</u>		356,414			,889.	
	19	Reven	ue less expenses. Subtract line 18 from	ine 12	<u> </u>	- 4	451,254	•	-710	,490.	
ces					<u> </u>		Current Yea	- 1	End of Ye	ar	
Net Assets or Fund Balances	20	Total a	assets (Part X, line 16)		[	6,7	707 <b>,</b> 357	•	6,267	7,719.	
AB	21		iabilities (Part X, line 26)			2	211,128	•	322	.,543.	
File	22		sets or fund balances. Subtract line 21		F	6,4	196,229		5,945	776.	
Pa	nill.	Sig	nature Block								
			f perjury, I declare that I have examined thi					y knowle	ige and b	elief, it is	
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all information of whi	ch preparer has	any knowled	ge.				
		<b>.</b>									
Sig			Signature of officer				Date				
He	re	<b>.</b>		·							
			Type or print name and title					<u></u>			
			Type preparer's name	Preparer's signature	Date	Τ.	heck if	PTIN	······································		
Paid	I		ES J REILLY			I .	heck if elf-employed		01837	69	
Pre	parer	RICE CONDON OLMERDA MOCTAMY C DONNETTY T									
Use	Only	<del></del>					A1	-3628 2-661			
NA =:	11		address DONE BATTERY PARK PLAZA, I			Phone	eno, ∠⊥.			1	
		~	cuss this return with the preparer show		7 P 1 R 7 P	F 1 1 1	· · · · · ·	X	,	No	
For	Paper	rwork i	Reduction Act Notice, see the separat	e instructions.					Form 99	0 (2015)	

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Alternative Contract	990 (2015)			Page 3
Par	Checklist of Required Schedules		Т	1
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation) If "Yes,"		Yes	No
•	complete Schedule A	ha w	/ 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 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			.,
9	complete Schedule D, Part III	8		_ X
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI,		April Spir	5-6-0
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ction make code	K III K K	or o
	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			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			17
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
1 & a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	42-	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ.
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			17
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		<u> </u>
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		Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Δ	
. •	If "Yes," complete Schedule G, Part III.	19		X
			990	(2015)
		⊢O(III	A 20	(CID2)

Part	Checklist of Required Schedules (continued)	<del></del> 1	V	М-
	The state of the s		Yes	No X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		_	<u>-</u> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization	· · · · · · · · · · · · · · · · · · ·	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	25	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	,,		Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		
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	_	Х	
	employees? If "Yes," complete Schedule J	23		
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			17
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>L</u>
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<del></del>		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
	The state of the s		990	(2015

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response or note to any line in this Part V		
		7	s No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	DWZ	100
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	Did the organization comply with backup withholding rules for reportable payments to vendors and		
	reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
-	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 55		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
	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	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?	4a	X
b	If "Yes," enter the name of the foreign country: ▶		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		
	(FBAR).		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	^
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6.	×
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	
_	gifts were not tax deductible?	OD	
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		
а	and services provided to the payor?	7a	X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
·	required to file Form 8282?	7c	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		
	sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30	
10	Section 501(c)(7) organizations. Enter: Initiation foos and conital contributions included on Part VIII, line 12		
	Initiation lees and capital contributions included on Larvan, and 12		
	Cross receipts, included on Form Coo, Fare VIII, and F2, for paone do of old tabliages.		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		
	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		e de la como
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Canada Santana
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which		
	the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand	44-	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	- 28
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	1770	

Sect	ion A. Governing Body and Management			
		W	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		18	
	If there are material differences in voting rights among members of the governing body, or if the governing		海塘	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1-	4		No.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
~	any other officer, director, trustee, or key employee?	2	Pelistry 135	X
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		
9	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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members a stockholders, or other persons who had the power to elect or appoint			-
1 a	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
ь	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			26
o	the year by the following:		19.2	
_		8a	X	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b		Х
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	9.)	
•			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	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			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	Times in
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		4.3	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		数层	TO SE
	organization's exempt status with respect to such arrangements?	16b		
ecti	on C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶ NEW YORK			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	:)(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)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of the con	erest	oolicy	, and
	financial statements available to the public during the tax year.			

financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: 
CHRISTA M. BOGGIO, MBA 475 RIVERSIDE DRIVE, SUITE 1270, NEW YORK, NY 10115 212-870-3505

Form **990** (2015)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII **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 vi organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office Individu	unles	Pos heck ss pe	erson	e than control Highest compensated	an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
			0			ated				
(1)ELIZABETH ROHATYN FOUNDER & CHAIRWOMAN EMERITA	2.00	Х		х				0.	0.	0.
(2)OLGA VOTIS CHAIRWOMAN	5.00			٦,				0.		
(3)DONALD J. DUET	1.00	Х		Х		<u> </u>		0.	0.	0.
VICE-CHAIRMAN		х		Х				0.	0.	0.
(4)JOSEPH C. LEWIS TREASURER	2.00	Х		х				0.	0.	0
	1.00	х						. 0.	0.	0
(6)MICHAEL BIJAOUI BOARD MEMBER	2.00	Х						0.	0.	0
_(7)LISA VERTUCCI BOARD MEMBER	1.00	X						0.	0.	0
_(8)JULIE_ENGERRAN BOARD_MEMBER	1.00	Х		-				0.	0.	0
(9)BRYAN R. LAWRENCE BOARD MEMBER	1.00	Х						0.	0.	0
(10)ALAN LESGOLD BOARD MEMBER	1.00	Х						.0.	0.	0
(11)SONNY KALSI BOARD MEMBER	1.00	Х						0.	0.	0
(12)LANCE LEENER BOARD MEMBER	1.00	х						0.	0.	0
(13)DR. EDWARD A. FRIEDMAN BOARD MEMBER	1.00	Х						0.	0.	0
(14) INGRID EDELMAN BOARD MEMBER	1.00	Х						0.	0.	0

JSA 5E1041 1.000

Form 990 (2015)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Emplo	yees (	ontinued)	
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per	(do i	not c		ition more	e than c	ne	Reportable compensation	Report compensa		Es imated	
	week (list any	box,	unle	ss pe	rson	is both	an	from	iat		ther	
	hours for related					or/trust		the	organiza (W-1/100)	ations	compensation from the	
	organizations	divi	Stitu	Officer	ey er	nplo	Former	organization (W-2/1099-MISC)	   {vv- <del>lav-toor</del> 4		organization	
	below dotted line)	ct lual	Institutional		Key employee	yee co	-	,			and related organizations	
		Individual trustee or director	il truste		/ee	Highest compensated employee					- G	
		ìě	tee			nsak						
15) LYNETTE GUASTAFERRO	40.00	ļ	<u> </u>			<u>ă</u> .						
EXECUTIVE DIRECTOR	40.00			X			:	173,838.		0.	24,52	R
16) JANE CONDLIFFE	40.00			<del></del>				1,0,000,			24,02	-
DEPUTY DIRECTOR						x		156,749.		0.	13,08	8.
17) NAOMI COOPERMAN	40.00											
SR. DIR. OF CONTENT & EVAL.		<u> </u>				Х		112,768.		0.	8,17	9.
18) JACQUELINE DORANTE	40.00	ļ ·		١.						_		
DIRECTOR OF DEVELOPMENT	40.00	<u></u>				X		102,999.		0.	15,75	5.
19) JEN MURTHA CHIEF OPERATING OFFICER	40.00					х		111,180.		0.	20 45	_
CHIEF OPERATING OFFICER						Λ		111,180.		0.	20,45	0.
								·				
								VA.				
						:						
1b Sub-total							▶	0.		0.		0.
c Total from continuation sheets to Part VII, S							▶	657,534.		0.	82,00	
d Total (add lines 1b and 1c)							▶	657,534.		0.	82,00	6.
2 Total number of individuals (including but not		hose !	liste	d al	oove	e) who	re	ceived more than	\$100,000	of		
reportable compensation from the organization	1 📂										120-1	
2 Did the association list and forward office			<b></b>		_ 1			lavas au biubaai			Yes N	lo
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu												X
											and the second	
4 For any individual listed on line 1a, is the sorganization and related organizations gre												
individual	,							•			4 X	ar sustant
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Ye	es," complet	te Sch	edu	le J	for	such	pers	son			5   2	Χ
Section B. Independent Contractors  1 Complete this table for your five highest com	nonastad ir						ro 41	hat received man	then #10	0.000 -	£	
compensation from the organization. Report c year.												
(A)							Τ	(B)			(C)	
Name and business add	ress						_	Description of se	rvices	, c	ompensation	
NONE							_			<b></b>		
							+			<u> </u>		
		-					+			<b></b>		
				-			+					
2 Total number of independent contractors (in	icluding bu	it not	lim	itec	i to	thos	e li	sted above) who	received			
more than \$100,000 in compensation from the					0			•				

Check if Schedule O contains a response or note to any line in this Part VIII										
700 700	l de la contra		COM SECURIO	and the second of	(A)	(B)	(C)	(D)		
			State of the second		Total revenue	Related or exempt	business	Revenue excluded from tax		
	ă,		and the second			function		Wunder sections		
			AND THE STREET			revenue	LUP	512-514		
nts nts	1a	Federated campaigns	<u>1a</u>							
Gra	b	Membership dues	1b			5 5 5 5 5 FE 6				
fts,	С	Fundraising events	<u>1c</u>	137,125.			The second second			
e ii	d	Related organizations	1 . 1		100		4.00			
ons	e	Government grants (contribut	tions) 1e		State of the second					
buti ther	f	All other contributions, gifts, g	- 1 1	561,787.		100				
Contributions, Gifts, Grants and Other Similar Amounts	_	and similar amounts not included		· · · · · · · · · · · · · · · · · · ·			and the state of			
ပ္ပ ၕ		Noncash contributions included in <b>Total</b> . Add lines 1a-1f			698,912.					
ine		V Countries in the Transfer of		Business Code						
ver	2a	PROGRAM SERVICE FEES		900099	3,916,592.	3,916,592.				
a R	b									
Š.	c									
Se	d									
ם	е									
Program Service Revenue	f	All other program service reve			2 046 500					
	9	Total. Add lines 2a-2f			3,916,592.					
	3	Investment income (incl and other similar amounts)	luding dividen		135,350.			135,358.		
	4	Income from investment of t		_	0.					
	5	Royalties	=	-	0.					
			(i) Real	(ii) Personal	African Commence	b and the second	A GENERAL STATE			
	6a	Gross rents								
	b	Less: rental expenses					100			
	ε	Rental income or (loss)						Turke a fill canada Carino d		
	d	Net rental income or (loss)			0.			The state of the s		
	7a	Gross amount from sales of	(i) Securities	(ii) Other	100000000000000000000000000000000000000			The deposit series		
	_	assets other than inventory	1,460,372.							
-	b	Less: cost or other basis	1,488,605.							
	С	and sales expenses								
	ď	Net gain or (loss)			-28,233.	Processing and the second seco		-28,233.		
ø	8a	Gross income from fundral	sing							
Other Revenue		events (not including \$	137,125.	·			Transaction and			
Rev		of contributions reported on li	ine 1c).							
ē		See Part IV, line 18	a	22,875.						
ĕ	b	Less: direct expenses		30,726.		and the second				
		Net income or (loss) from fur	-	, <del>-</del>	-7,851.	1		-7,851.		
•	9a	Gross income from gaming See Part IV, line 19			7700200000	400	<b>西班牙的名词</b>			
	b	Less: direct expenses					electric control			
	C	Net income or (loss) from ga		<i>.</i> ▶	0,					
	10a	Gross sales of invento	ry, less		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		returns and allowances	а				60.000	Section (Section)		
	b	Less: cost of goods sold		<u> </u>						
	C	Net income or (loss) from sale  Miscellaneous Revenue	The state of the s	Business Code	0.	and the state of the state of		i e i i i i i i i i i i i i i i i i i i		
	4.0	OTHER INCOME	•	900099	621.	621.				
	11a	OZHEK INCOME		300033	021.	021.				
	b c							· · · · · · · · · · · · · · · · · · ·		
	d	All other revenue								
	e	Total. Add lines 11a-11d		>	621.					
	12	Total revenue. See instruction		·	4,715,399.	3,917,213.		99,274.		

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Managemen and general expens	(D) Fundraising Delignises				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	368,902.	368,902.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
. 5	Compensation of current officers, directors, trustees, and key employees	206,516.	168,724.	24,988.	12,804.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and		,						
	persons described in section 4958(c)(3)(B)	0. 3,225,025.	2 624 945	390,228.	199,952.				
	Other salaries and wages	3,225,025.	2,634,845.	390,226.	199,932.				
8	Pension plan accruals and contributions (include	91,238.	74,541.	11,040.	5,657.				
	section 401(k) and 403(b) employer contributions)	193,575.	160,076.	24,694.					
	Other employee benefits	276,019.	225,508.	33,398.					
10	Payroll taxes	210/013.	220,000.		,				
	Fees for services (non-employees):	0.							
	Management	6,685.		6,685.					
	Legal	58,700.		58,700.					
	Accounting	0.							
	Professional fundraising services. See Part IV, line 17,	0.							
	investment management fees	21,793.		21,793.					
	Other. (If line 11g amount exceeds 10% of line 25, column								
•	(A) amount, list fine 11g expenses on Schedule O.)	236,022.	222,193.	1,625.					
12	Advertising and promotion	49,060.	39,536.	8,028.					
13	Office expenses	108,700.	82,987.	9,677.					
14	Information technology	81,884.	75,905.	4,145.	1,834.				
15	Royalties	0.			44 000				
16	Occupancy	193,742.	157,985.	23,930.	11,827.				
17	Travel	0.							
18	Payments of travel or entertainment expenses	0							
	for any federal, state, or local public officials	0. 133,214.	97,801.	19,493.	15,920.				
19	Conferences, conventions, and meetings	133,214.	97,801.	13,430.	13,920.				
20	Interest	0.							
21	Payments to affiliates	13,835.		13,835.					
22	Depreciation, depletion, and amortization	0.							
23	Insurance Other expenses Itemize expenses not covered								
24	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column	Grandi (1977)							
	(A) amount, list line 24e expenses on Schedule O.)			avigo i naose pasi ugas popolaridas (pr Papar					
а	OTHER	98,145.	72,578.	20,937.	4,630.				
	TEMPORARY HELP, RECRUITMENT,	22,795.	18,238.		4,557.				
c	AND TRAINING								
d	DUES, FEES & SUBSCRIPTIONS	40,039.	24,929.	11,019.	4,091.				
е	All other expenses								
	Total functional expenses. Add lines 1 through 24e	5,425,889.	4,424,748.	684,215.	316,926.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here								
	following SOP 98-2 (ASC 958-720)	0.			5 000 (0045)				

Form 990 (20	115)		Page 11
Part X	Balance Sheet		
	Check if Schedule O contains a response or note to any line in this F	art X	
		(A)	(B)
		Beginning of year	TT TO year
		100 50	

		Check if Schedule O contains a response or note to any line in this I	Part X		
			(A) Beginning of year		(B)
	1	Cash - non-interest-bearing	109,531.		<b>1 2 3</b> , 914 .
	2	Savings and temporary cash investments	301,86		600,803.
	3	Pledges and grants receivable, net	493,130.	3	115,000.
	4	Accounts receivable, net	605,659.	4	416,026.
	5	Loans and other receivables from current and former officers, directors,			E + 7 E = 1 pe refu posé 2
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0.	5	0.
40	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 organizations (see instructions). Complete Part II of Schedule L	0.	6	
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges		9	47,965.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 611,329			
	b	Less: accumulated depreciation			41,864.
	11	Investments - publicly traded securities	5,016,914.		3,975,599.
	12	Investments - other securities. See Part IV, line 11	149,424.		143,548.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
<u> </u>	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,707,357.		6,267,719.
	17	Accounts payable and accrued expenses			210,593.
	18	Grants payable	0.	, , 🕶	0.
	19	Deferred revenue	62,300.		111,950.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,	en på det flytte sammen en et elle El vær været en særfik have som bære		69 / T. C.S. T. 1983 - P. T. 1993 - T. 35 (9) Spirit British Spirit British Spirit
Liabilities		trustees, key employees, highest compensated employees, and		íð e	
jab		disqualified persons. Complete Part II of Schedule L		22	0.
_	23	Secured mortgages and notes payable to unrelated third parties			0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			_
		of Schedule D	0.		0.
	26	Total liabilities. Add lines 17 through 25	211,128.	26	322,543.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	5,965,229.		5,800,176.
Ba	28	Temporarily restricted net assets	531,000.		145,000.
Ind	29	Permanently restricted net assets	0.	29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			Company of Company (1996) by the company of the com
ets	30	Capital stock or trust principal, or current funds		30	
ŝ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	6,496,229.		5,945,176.
	34	Total liabilities and net assets/fund balances	6,707,357.	34	6,267,719.
		· · · · · · · · · · · · · · · · · · ·		_	Form <b>990</b> (2015)

Form **990** (2015)

D	1	•
rage	j	4

Pan	XI Reconciliation of Net Assets		_	_	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		71	-	
2	Total expenses (must equal Part IX, column (A), line 25)	$\Delta \mathbf{n}$	<b>4</b> 2		
3	Revenue less expenses. Subtract line 2 from line 1			,49	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		5,49		
5	Net unrealized gains (losses) on investments		159	,43	7.
6	Donated services and use of facilities 6				0.
7	Investment expenses				٥.
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))	5	,945	,17	6.
Part	XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
		r	Ye	s N	0
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			•	
	If the organization changed its method of accounting from a prior year or checked "Other," explain	in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		≀a		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			.	
b	Were the organization's financial statements audited by an independent accountant?	•• ⊢	b X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a			
	separate basis, consolidated basis, or both:	-			
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	ŧ _		.	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant	it? 2	c X		
	If the organization changed either its oversight process or selection process during the tax year, explain	in			
	Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth				,
	the Single Audit Act and OMB Circular A-133?	• • •	a	_	<u> </u>
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.		b	0 :==	45.
		FC	rm 99	<b>v</b> (20	15)

Form 8	3868 (Rev. 1-2014)					Page 2
● If y	ou are filing for	an Additional (Not Automatic) 3-M	onth Exten	sion, complete only Part I	and check this box	▶ X
Note.	Only complete	Part II if you have already been gra	inted an au	tomatic 3-month extension	on a previously filed Form 886	8.
● If y	ou are filing for	an Automatic 3-Month Extension,	complete c	only Part I (on page 1).		
Pari	Additio	onal (Not Automatic) 3-Month E	xtension c	of Time. Only file the orig	inal (no copies resoleti)	7
				E	nter filer's identa/ing number, se	instructions
	Name o	f exempt organization or other filer, see in	nstructions.		Employer identification number (	
Туре	or	•			**************************************	, marrowski
print		HING MATTERS, INC.			13-3770472	
	Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)					
File by due da		RIVERSIDE DRIVE, SUITE 1	270 1270	0		
filing y	our City, toy	vn or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.	<u> </u>	
return. instruc	tions. NEW	YORK, NY 10115				
Enter	the Return cod	le for the return that this application	is for (file a	a separate application for ea	ach return)	01
	lication		Return	Application		Return
ls Fo			Code	Is For		Code
	n 990 or Form 9	990-F7	01		San Shannan San San San	e s analis
	n 990-BL	700 LL	02	Form 1041-A		08
	n 4720 (individu	/lei	03	Form 4720 (other than in	dividual)	09
	n 990-PF	iai)	04	Form 5227	arradar)	10
		01(a) or 408(a) trust)	05	Form 6069		11
					12	
		lete Part II if you were not already			sion on a previously filed For	
a Th	e hooks are in t	he care of ▶ CHRISTA MSIBOGS	IQ,_MBA	TITEE 1970 MEN MOR	TZ NYZ 10115	00001
	lephone No. 🕨		,	orre izzo, new ios Fax No. ▶	K, NI 10115	
	•	does not have an office or place of	<u> </u>		ais hox	<b>&gt;</b>
	•	p Return, enter the organization's fo				his is
		check this box ▶				ttach a
	• •	nd EiNs of all members the extension	-	art of the group, ellect the	box und an	
		ditional 3-month extension of time u		0	7/15 , 20 17	
	•	ar, or other tax year beginn			nd ending 08/31 ,	20.16
		entered in line 5 is for less than 12 m		The second secon		, <u>20 _20 _</u> .
•		accounting period	ionano, onoc	initial to	i ilai i otai i	
7		why you need the extension $\_{ m ALL}$ ${ m I}$	HE INFO	RMATTON NECESSARY	TO COMPLETE THE	
•		RN IS NOT AND WILL NOT B				
		ECTIVELY REQUEST ADDITIO				
8a	If this application	on is for Forms 990-BL, 990-PF, 9	90-T 4720	or 6069, enter the ten	tative tax less any	
	* *	credits. See instructions.	., .,	,, 0, 0000, 0,110, 1.10 1.01.	8a \$	0.
		tion is for Forms 990-PF, 990-T,	4720 or	r 6069 enter any refun	OCTUBER 2	
		payments made. Include any pri		•	08849	
		eviously with Form 8868.	ioi your o	voipayinoia anowou us	8b \$	0.
	<u>_</u>	ubtract line 8b from line 8a. Include	Vour navm	ent with this form if requir		
		eral Tax Payment System). See instru		one with this form, if requir	8c \$	0.
	(Liectionic rede			et he completed for D		
احما		Signature and Verifica		•	<del>-</del>	a haat at
	•	rjury, I declare that I have examined to sis true, correct, and complete, and that I		, , ,	iules and statements, and to the	e pest of my
	- ago with bollos, it		and assess that the	brahena nua 18000		
Qian-t-	150 Ba			Title 🕾	Data 🌬	
Signatu	ALC P	200-1		Title 🔊	Date ▶	<del></del>

Form **8868** (Rev. 1-2014)

### Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

■ X

► File a separate application for each return.
 ► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . . . if you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part | Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 13-3770472 TEACHING MATTERS, INC. Number, street, and room or suite no. If a P.O. box, see instructions. File by the Social security number (SSN) due date for 475 RIVERSIDE DRIVE, SUITE 1270 1270 filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10115 0 1 Return **Application** Return **Application** ls For Code Is For Code 07 01 Form 990-T (corporation) Form 990 or Form 990-EZ Form 1041-A 80 Form 990-BL 02 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 5227 10 04 Form 990-PF 11 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 8870 12 CHRISTA M. BOGGIO, MBA The books are in the care of ► 475 RIVERSIDE DRIVE, SUITE 1270, NEW YORK, NY 10115 Telephone No. ▶ 212 870-3505 FAX No. ▶ • If the organization does not have an office or place of business in the United States, check this box \_\_\_ . If this is If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 04/15,  $20_17$ , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 \_\_\_\_ or ▶ X tax year beginning 09/01 , 2015 , and ending 08/31 , 2016 . 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 0. 3a |\$

Caution, If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS

estimated tax payments made. Include any prior year overpayment allowed as a credit.

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

(Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2014)

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### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public

on number

TEACHING MATTERS, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D)

(E)

Total

Page 2

Pa	(Complete only if you checke						
	Part III. If the organization fa						
Sec	tion A. Public Support						V
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e)/2\1/1	L(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	739,923.	984,380.	976,109.	1,347,113.	698,912.	4,746,437.
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	739,923.	984,380.	976,109.	1,347,113.	698,912.	4,746,437.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			The property of the control of the c			2,162,748.
6	Public support. Subtract line 5 from line 4.	ž vadynejvéj és t		properties of the control of the con		Augustinger v	2,583,689.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	739,923.	984,380.	976,109.	1,347,113.	698,912.	4,746,437.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,250.	2,137.	5,358.	127,081.	135,358.	274,184.
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	4,811.		302.	<b>747.</b>	621.	6,481.
11	Total support. Add lines 7 through 10						5,027,102.
12	Gross receipts from related activities, etc. (					12	4,410,339.
13	First five years. If the Form 990 is f organization, check this box and stop here tion C. Computation of Public Sup						
				14 aniumn (f)		44	51.40%
14 15	Public support percentage for 2015 (li Public support percentage from 2014					1	46.55%
	331/3% support test - 2015. If the o						
	this box and <b>stop here</b> . The organization	-					1
b	331/3% support test - 2014. If the c	-		_			
	check this box and stop here. The orga	_					
17a	10%-facts-and-circumstances test - 2	•					
-	10% or more, and if the organization	meets the "fac	cts-and-circumst	ances" test, che	eck this box a	nd stop here. E	xplain in
	Part VI how the organization meets t	he "facts-and-c	ircumstances" te	est. The organiz	zation qualifies	as a publicly s	upported
	organization						
b	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the orga	anization meets	the "facts-and	l-circumstances"	' test, check ti	nis box and <b>st</b>	op here.
	Explain in Part VI how the organizati				_	-	
	supported organization	<i></i> .					▶ []
18	Private foundation. If the organization	did not check a	a box on line 13,	. 16a, 16b, 17a,	or 17b, check	this box and see	· ·
	instructions	- '	· · · · · · · · · · · · · · · · · · ·			chedule A (Form 9	
					3	PURCHAIR W (COIN) A	01 4404 EL J 40 10

	(Complete only if you check If the organization fails to qu						er Part II.
Sec	tion A. Public Support					COL	<b>N</b> 7
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(1) L	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	•			·		
	furnished in any activity that is related to the			***************************************			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		-				
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	organization's benefit and either paid				•		
	to or expended on its behalf						,
5	The value of services or facilities						
5			ł	1			
	furnished by a governmental unit to the						
_	organization without charge		ļ. ·				
6	Total. Add lines 1 through 5			<u> </u>			•
7a	Amounts included on lines 1, 2, and 3	-				]	
<b>5</b>	received from disqualified persons Amounts included on lines 2 and 3						
U	received from other than disqualified				•		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	This are to the control of the contr					
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		86983203253253		s adoptiva		
	line 6.)	Andrews (Temperatural					
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6,						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources				***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	Unrelated business taxable income (less						-
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business	·					
	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
49	Total support. (Add lines 9, 10c, 11,	-	<del> </del>	<del> </del>			
10	•						
4.4	and 12.)	in the manine	tion's first see	and third fourth	or fifth toy w		E01/a\/2\
14	First five years. If the Form 990 is f	_			•		, , , ,
800	organization, check this box and stop here						
	tion C. Computation of Public Sup Public support percentage for 2015 (line 8			mp (f))		45	%
15						15	
16 Sac	Public support percentage from 2014 Sche					16	<u>%</u>
	tion D. Computation of Investmen			10 1 (0)	<del></del>	T	0/
17	Investment income percentage for 2015 (li					17	<u>%</u>
18	Investment income percentage from 2014					18	<u>%</u>
19 a	331/3% support tests - 2015. If the or	~					
	17 is not more than 331/3%, check th	is box and <b>sto</b> j	<b>p here.</b> The org	anization qualifies	s as a publicly	supported organ	ization 🕨 🔙
b	33 1/3 % support tests - 2014. If the orga	anization did not	check a box on	line 14 or line 19	a, and line 16 is	more than 331/	3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifie	es as a publicly	supported organ	ization 🔊 📗
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	W-14W-12-W-12-W-12-W-12-W-12-W-12-W-12-W		WALKER AND THE PROPERTY OF THE
JSA					\$	chedule A (Form	990 or 990-EZ) 2015

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Sections A.

Section A. A	All Supporting	<b>Organizations</b>

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated: If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If:"Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? It "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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that these activities constituted substantially all of its activities.

Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

- Parent of Supported Organizations. Answer (a) and (b) below.
  - Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
  - Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		i secendi

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ıizati	ons				
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con			tructions. All			
Section A - Adjusted Net Income	Section A - Adjusted Net Income (A) Prior Year (Office)					
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	. 6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Section B - Minimum Asset Amount		· (A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	707.4 25.45 25.45 25.45					
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):	324					
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)	5					
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			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	organization of the second of				
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5	udgairt gaistigeath go go cana.	,			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6					
7 Check here if the current year is the organization's first as a non-functionally instructions.	y-inte	grated Type III supporting of	organization (see			

Schedule A (Form 990 or 990-EZ) 2015

Part	Type III Non-Functionally integrated 509(a)(3)	Supporting Organiza	tions (continued)	raye 1
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	- Committee Comm		
2	Amounts paid to perform activity that directly furthers exer	ODZI		
	organizations, in excess of income from activity	UPI		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015	n Diskrije generalijes, Historije		
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:		ale e i se e ji e wan di li se iliyo e ji e yasi	
а	Comprehension of the comprehen		interpreta de la completa del completa del completa de la completa del completa del la comple	
b		ralideve värsträt 20. alut es		
С				to provide della communicación della communicación della communicación della communicación della communicación
d	From 2013	NG A Colorado Caracterista (C		
е	From 2014		nger storrigen sind at 1994 - Galle 1912 ress.	
f	Total of lines 3a through e		Takin Angelong Tunggan Sunga Sunga San	
g	Applied to underdistributions of prior years			aka kangantan sari
h	Applied to 2015 distributable amount		mandikurkalise dali bermanya di peril	
ì	Carryover from 2010 not applied (see instructions)			
j.	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section	PERINGERAL PROPERTY OF ACTION AND ACTION ACTION AND ACTION ACTIO	o fyrst has Castle of the Color to the first The street of the color of the color of the	
	D, line 7: \$	oloff (Provingue) i diplotification temple inter- engli i filogo (Propinsuo) i USA (Spinsuo)	Michigan Carlos and Carlos Bases and City of Fig. 1997 AC (1997) AC (1997)	
а	Applied to underdistributions of prior years			
b.	*			
С	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> .	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount	entine de la Caramilla de la C La composição de la Caramilla		ger i filiade foi i classivertuodusi espektivisti. Ai suversi ordi Lateritari eta inizia eta espektivisti della 1820 eta
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see		CONGO DE MESO CELOS ESPERANTE. Esperantes	•
	instructions).			<u> </u>
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	在5.1945的配置的数型的主动的原则。15.00mm的第三人称形式 编制 15.00mm的	z a jedys dagolinysta jest platost, alvosta	aranga saabaar, Booka a dhad	Selection of the select
b	是一种。1000年代1956年1966年7月1日 1950年1950年11日 1日 1000日			
С	Excess from 2013			
d	Excess from 2014		egerim in 16: ogerendig storf	
•	Excess from 2015	97.6 (1996), SACHER PERHADIAN (1995) (1997) 1 PSEC AD AD ADMINISTRATIO	produces of the property contract with the contract of the con	Look Communication Seminal Manual Continuous Strate, Press N. P. (2015) 770, 1773.

Schedule A (Form 990 or 990-EZ) 2015

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II - OTHER INCOME 2014 2015 TOTAL 2013 2012 DESCRIPTION 2011 747. 621. 6,481. MISCELLANEOUS INCOME 4,811. 302. 4,811 6,481. 302. TOTALS

### 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. OMB No. 1545-0047

Department of the Treasury

➤ Attach to Form 990.

Open to Public i a Geolion

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/forms Internal Revenue Service Name of the organization TEACHING MATTERS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1

		(a) Donor advised funds		(b) Funds and oth	ier accou	ınts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)		ŀ				
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year,		·				
5	Did the organization inform all donors and donor	advisors in writing that the asse	ts held in do	nor advised			_
	funds are the organization's property, subject to the				Yes		No
6	Did the organization inform all grantees, donors, as						
•	only for charitable purposes and not for the benefi						_
	conferring impermissible private benefit?	•			Yes		No
Đ	art II Conservation Easements.						
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line	e 7.		_		
1	Purpose(s) of conservation easements held by the						
	Preservation of land for public use (e.g., recr	eation or education) Prese	rvation of a l	nistorically impo	rtant lan	d are	a
	Protection of natural habitat		rvation of a	ertified historic	structur	e .	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contrib	ution in the f	orm of a conser	vation		
	easement on the last day of the tax year.			Held at the En	d of the	Tax \	Year
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		<u>2b</u>				
C	Number of conservation easements on a certified h	nistoric structure included in (a)	2c				
d	Number of conservation easements included in (c)	acquired after 8/17/06, and not	on a				
	historic structure listed in the National Register						
3	Number of conservation easements modified, trans			by the organiza	ation du	ıring	the
	tax year ▶	<del>-</del>					
4	Number of states where property subject to conser	vation easement is located >					

4	Number of states where property subject to conservation easement is located ▶
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	<b></b>
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	<b>▶</b> \$
8	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)?
9	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
Admilionologi	organization's accounting for conservation easements.

Comparison of the compariso 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. 1a
- 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:
- 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:
- For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015				- MAT 41AW - 1107TO			Page 2
Pai	till Organizations Maintainin							
3	Using the organization's acquisitio	n, accession, and c	other records, chec	k any of th	e followi	ng that are a sigr	nificant u	se of its
	collection items (check all that appl	y):					are the transcenter the times after the description	
а	Public exhibition	V	d Loan	or exchange	e program	s no	TOWN	
b	Scholarly research		e Other				rx	
С	Preservation for future gener	ations						
4	Provide a description of the organ		and explain how	thev further	r the ora	anization's exemp	t purpose	e in Part
-	XIII.		•	•				
5	During the year, did the organizatio	n solicit or receive d	lonations of art, hist	orical treas	ures, or of	ther similar		
•	assets to be sold to raise funds rath					·	Yes	No
9a	IV Escrow and Custodial Ar							1 110
	Complete if the organizati		" on Form 990. Pa	art IV. line	9. or rep	orted an amount	on Forr	n
	990, Part X, line 21.				-, <sub>P</sub>			••
12	Is the organization an agent, truste	e custodian or othe	r intermediary for c	ontributions	or other	assets not		
14	included on Form 990, Part X?		•			,	Yes	No
h	If "Yes," explain the arrangement in						163	140
IJ	ii ies, explainthe anangement ii	r art Am and comp	hete the following tai	).c.		Amount		
_	Poginning holonoo			4.0	<del></del>	Allount		
	Beginning balance							
u	Additions during the year							
e _	Distributions during the year							
1	Ending balance				uetodial a	occupt liability?	V	I NI-
	-	· · · · · · · · · · · · · · · · · · ·				- L	Yes	No
Witness trees	If "Yes," explain the arrangement in	I Part Atti. Check he	ere ii uie explanation	nas been p	i ovided o	irailAii	· · · · ·	ــــــــــــــــــــــــــــــــــــــ
Liteli	Endowment Funds. Complete if the organization	on answered "Ves	" on Form 990 P	art IV line	10			
	Complete if the organizati		(b) Prior year	(c) Two year		(d) Three years back	(a) Farm	
	-	(a) Current year 531,000.	176,500.		,500.	80,000.		ears back 87,500.
1 a	Beginning of year balance	780,000.	731,000.		5,500.	775,500.		80,000.
b	Contributions	/80,000.	/31,000.	220	, 300.	775,500.		80,000.
C	Net investment earnings, gains,							
	and losses							
d	Grants or scholarships							
е	Other expenditures for facilities	416 000	276 500	25.0		555 000	4 =	07 500
	and programs	416,000.	376,500.	350	,500.	555,000.	1,5	<u>87,500</u> .
f	Administrative expenses							
g	End of year balance	895,000.	531,000.	1/6	,500.	300,500.		80,000.
2	Provide the estimated percentage	of the current year e	end balance (line 1g,	column (a)	) held as:			
а	Board designated or quasi-endowm	ent ▶ <u>83.8000</u>	_%					
	Permanent endowment ▶	%						
C	Temporarily restricted endowment	<u>16.2000</u> %						
	The percentages on lines 2a, 2b, a	-						
3a	Are there endowment funds not in t	he possession of th	e organization that	are held ar	id adminis	stered for the	_	
	organization by:	,					Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations				. <i>.</i>		3a(ii)	X
. b	If "Yes" on line 3a(ii), are the relate	d organizations listed	d as required on Sch	edule R?.			3b	
4	Describe in Part XIII the intended u	ses of the organizat	ion's endowment fur	nds.	-0			
Par	tVI Land, Buildings, and Equi	pment.	-!! -:- F-: 000 F		44- 0-	- Faire 000 Day	4 V 1!	40
	Complete if the organizat	(a) Cost or		r other basis	(c) Accu		て入、IINE I) Book valu	
	Description of property	(a) Cost or (invest		ther)	depred		ij book valu	
	Land				(120-91-5-72			
	Buildings							
С	Leasehold improvements		2	219,363.	17	7,499.	4	1,864.
	Equipment			368,391.	36	8,391.		
	Other			23,574.		3,574.		
	L Add lines 1a through 1e (Column		990 Part X colum			Ro-	Δ	1.864.

Page 3

Schedule	n.	Earm	۱۸۵۵	2015
Schedule	$\boldsymbol{\nu}$	LOHIE	9901	2010

Part VII	Investments - Other Securities.			000 0 177 1 10 3
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	valuation: ar-market value
(1) Financia	al derivatives			UUPI
	-held equity interests			
/A\				
(B)				
(C)				
(D)				
(E)		•		
(F)				
(G)				
<u>(H)</u>				
ACCRECATION OF THE PROPERTY OF	n (b) must equal Form 990, Part X, col. (B) line 12.)	·		
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o Cost or end-of-ye	f valuation:
			Cost of Glid-ol-ye	at market value
(1)		-		
(2)				
(3)			,	
(5)				
(6)				
(7)				
(8)				
(9)				
CANADA CONTRACTOR CONT	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		D-38/ K 444 O F	- 000 B-43/ B- 45
	Complete if the organization answered		, Partiv, line 11d. See Forn	
	(a) De	scription		(b) Book value
(1)				
(3)	-			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
STATE OF THE PERSON NAMED IN COLUMN NAMED IN C	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		. >
Part X	Other Liabilities.  Complete if the organization answered line 25.	"Yes" on Form 990		
1.	(a) Description of liability	(b) Book value		
	al income taxes			
(2)				
(3)				
<u>(4)</u>				
(5) (6)				
(7)				
(8)				
(9)			postuja kalanga kanga kanga ka	
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		

TEACHING MATTERS, INC.

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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
4	Total revenue, gains, and other support per audited financial statements	1	4,903,562
1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments	<b>,</b>	PYI
a b	Donated services and use of facilities		
C	Recoveries of prior year grants		
√d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	190,163
3	Subtract line 2e from line 1	3	4,715,399
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	4 715 200
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,715,399
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.	
		1	5,456,615
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities		
a	Prior year adjustments		•
b	Other losses		
c d	Other (Describe in Part XIII.)		·
e	Add lines 2a through 2d	2e	30,726
3	Subtract line 2e from line 1	3	5,425,889
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	fileda.	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,425,889
2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	nation.	ine 4, Fait A, mie
	and the control of th		\$
			•
	,		
	·		
			EMECHANICATIVE

Page 5

### Part XIII Supplemental Information (continued)

PART V - LINE 4

DURING 2016, THE BOARD IN AGREEMENT WITH MANAGEMENT SET ASIDE A RESERVE 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: 30,726.

PART XI - LINE 2D

DIRECT SPECIAL EVENT EXPENSES: 30,726.

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

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 6a.

Attach to Form 990 or Form 990-EZ.

Attach to Form 550 of Folia 550-LZ.

OMB No. 1545-0047

Open to Public

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fo[m990] Internal Revenue Service Inspection Name of the organization TEACHING MATTERS, INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Solicitation of non-government grants Mail solicitations e а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events C d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

_	•
Page	_

			(a) Event #1 ANNUAL LUNCHEON	(b) Event #2	(c) Other event	and col (a) hrough
			(event type)	(event type)	(total number)	col. (c)
Revenue	1	Gross receipts	160,000.			160,000
æ		Less: Contributions	137,125.			137,125
	3	Gross income (line 1 minus line 2)	22,875.			22,875
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	10,239.			10,239
Direct Expenses		Food and beverages			·	15,928
Direct	8	Entertainment				
	9	Other direct expenses	4,560.			4,560
	10		through 9 in column (d)		<i>, .</i>	30,727
- 1	11	Net income summary. Subtract line 1	0 from line 3, column (d)	)		-7,852
		illa Camina Complete if the era	anization answered "Y	es" on Form 990. Pai	rt IV / lina 10 ar ran	
Pa	T T			00 0111 01111 000, 1 01	itiv, line 19, or repo	ortea more
		than \$15,000 on Form 990-E		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
			Z, line 6a. (a) Bingo	(b) Pull tabs/instant	,	(d) Total gaming (add
Revenue	1	than \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	(b) Pull tabs/instant	,	(d) Total gaming (add
Revenue	1	than \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	(b) Pull tabs/instant	,	(d) Total gaming (add
Direct Expenses Revenue	2	than \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	(b) Pull tabs/instant	,	(d) Total gaming (add
Revenue	1 2 3	than \$15,000 on Form 990-E  Gross revenue	Z, line 6a. (a) Bingo	(b) Pull tabs/instant	,	(d) Total gaming (add
Expenses Revenue	1 2 3 4 5	than \$15,000 on Form 990-E	Z, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	,	(d) Total gaming (add
Expenses Revenue	1 2 3 4 5	than \$15,000 on Form 990-E  Gross revenue	Z, line 6a.  (a) Bingo  Yes%  No	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming  Yes% No	(d) Total gaming (add
Expenses Revenue	1 2 3 4 5	than \$15,000 on Form 990-E  Gross revenue	Z, 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
Expenses Revenue	1 2 3 4 5	than \$15,000 on Form 990-E  Gross revenue	Z, 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
b 6 Direct Expenses Revenue	1 2 3 4 5 6 7 8 Ei ls	than \$15,000 on Form 990-E  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2  Net gaming income summary. Subtranter the state(s) in which the organization licensed to conduct of	Yes% No  2 through 5 in column (d) act line 7 from line 1, column ion conducts gaming act	(b) Pull tabs/instant bingo/progressive bingo  Yes % No  Imn (d)	Yes%	(d) Total gaming (add col. (a) through col. (c))
b 6 Direct Expenses Revenue	1 2 3 4 5 6 7 8 Ei ls	than \$15,000 on Form 990-E  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2  Net gaming income summary. Subtranter the state(s) in which the organization licensed to conduct of	Yes% No  2 through 5 in column (d) act line 7 from line 1, column ion conducts gaming act	Yes % No  wmn (d)  ivities: of these states?	Yes%	(d) Total gaming (add col. (a) through col. (c))

Sched	ule G (Form 990 or 990-EZ) 2015
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
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
b	revenue?
•	If "Yes," enter name and address of the third party:
·	in res, enter name and address of the time party.
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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 ▶ \$
Pan	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
	(see instructions).

SCHEDULE (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.irs.gov/form990.

INC

TEACHING MATTERS,

Department of the Treasury Name of the organization Internal Revenue Service

Open to Public Inspection

Employer identification number

13-3770472

ž

Part General Information on Grants and Assistance	d Assistance				Washington in the control of the con		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ubstantiate th	e amount of the	grants or assistar	ice, the grantees'	eligibility for the grants		
the selection criteria used to award the grants or assistance?	ts or assistance	je					X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for mon	itoring the use	of grant funds in the	United States.			
PartII Grants and Other Assistance to Domestic Or	omestic Org	anizations an	d Domestic Gov	ernments. Com	rganizations and Domestic Governments. Complete if the organization answered "Yes" on Form	tion answered "Ye	s" 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	ient that rec	eived more tha	an \$5,000. Part II	can be duplicat	ed if additional spac	se is needed.	
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 non-cash assistance	(h) Purpose of grant or assistance
(1) SPORTS & ARTS IN SCHOOL FOUNDATION							
58-12 NORTHERN BLVD. WOODSIDE, NY 11377	11-3112635	501(C)(3)	368,902.				SUBRECIPIENT GRANT
(2)					÷		
(3)	······································						
(4)							
(5)							
(9)				·			
(7)							
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA							
(8)	T						
A SA A S							
(6)							
(10)							
							C
(11)							(
						-	)
(12)							P
A SALA							Y
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	id government	corganizations	listed in the line 1 to	able		<b>A</b> :	7
3 Enter total number of other organizations listed in the		e 1 table	ine 1 table			<b>A</b> : : : : : : : : : : : : : : : : : : :	***************************************

IYO03H M261 JSA 5E1288 1.000

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

Schedule ( (Form 990) (2015)

TEACHING MATTERS, INC.

Schedule | (Form 990) (2015)

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. mare.

	The state of the s					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
4-	,					
7						
ო						
4						
LD.						
ග						
7						
Part IV	Supplemental Information. Complete this part to information.		vide the informat	tion required in	Part I, line 2, Part III,	provide the information required in Part I, line 2, Part III, column (b), and any other additional

- LINE - I PART I TMI RECEIVED AN AWARD FROM THE NEW YORK STATE EDUCATION DEPARTMENT. TMI

PERFORMS 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)

Compensation Information

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

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

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

Department of the Treasury Internal Revenue Service Name of the organization

TEACHING MATTERS, INC.

Open to Public in ouction

OMB No. 1545-0047

Part	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 (e.g., maid, 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 in 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			
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	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			
a b	compensation contingent on the revenues of:  The organization?	5a 5b		X
6 a b	compensation contingent on the net earnings of:  The organization?	6a 6b		X
7 8	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
9	in Part III	9		X

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

Schedule J (Form 990) 2015

Page 2

Schedule J (Form 990) 2015

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

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 are not listed on Form 990, Part VIII

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

(F) Compensation in column (B) reported as deferred on prior Form 990 198,366. 169,837 (E) Total of columns (B)(i)-(D) 14,158 3,713 (D) Nontaxable benefits 9,375 10,370 (C) Retirement and compensation other deferred 00 0. 0 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation 500 0 (ii) Bonus & incentive compensation 173,338 156,249 0 (i) Base compensation ≘ ≘ € € ≘≘ €€ €€ €€ €€ €€ €€ €€ ≘ ≘ € € ≘≘ € € € LYNETTE GUASTAFERRO EXECUTIVE DIRECTOR (A) Name and Title 2DEPUTY DIRECTOR JANE CONDLIFFE individual 47 ø Ø Ø 0 4m Ç <del>د</del> <u>د.</u> ري 16 4

JSA 5E1291 1.000

Schedule J (Form 990) 2015

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Part III Supplemental Information

Complete this part to 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) 2015

### 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.

Department of the Treasury Internal Revenue Service

Name of the organization

TEACHING MATTERS, INC.

13-3770472

OMB No. 1545-0047

Open to Public

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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 2015/16 WE PROVIDED IN-DEPTH PROGRAMMING TO APPROXIMATELY 46,000 STUDENTS, 1,548 TEACHER LEADERS AND TEACHERS AND 77 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.

### TEACHER LEADERSHIP DEVELOPMENT

TEACHING MATTERS PARTNERS WITH DISTRICTS SCHOOLS AND ADMINISTRATORS TO PROVIDE SCALABLE MODELS FOR TEACHER LEADERSHIP DEVELOPMENT. WE HAVE PIONEERED A NATIONALLY RECOGNIZED, COMPETENCY-BASED APPROACH ALIGNED TO NATIONAL STANDARDS INCLUDING TWO PROGRAMS EMERGING TEACHER LEADERS AND TEACHER LEADERSHIP MATTERS. THIS OUTCOMES-BASED APPROACH EMPLOYS MICRO-CREDENTIALS TO DEVELOP, ASSESS AND RECOGNIZE THE COMPETENCIES OF TEACHER LEADERS TO GUIDE THEIR PEERS TOWARD IMPROVED INSTRUCTION. WE HAVE CURRENTLY ISSUED OVER 556 MICRO-CREDENTIALS IN TEACHER LEADERSHIP - MORE THAN ANY OTHER EDUCATION ORGANIZATION. TEACHING MATTERS COLLABORATES WITH TEACHERS AND ADMINISTRATORS, CREATING A SPACE TO EXCHANGE IDEAS ABOUT FOSTERING STUDENT SUCCESS. TEACHING MATTERS ALSO PARTNERED WITH A HOST

Employer identification number 13-3770472

OF EDUCATION LEADERS, WORKING COLLABORATIVELY WITH SUCH INSTITUTIONS AS LITERACY DESIGN COLLABORATIVE, EDUCATORS 4 EXCELLENCE, NATIONAL URBAN LEAGUE, AND TEACH TO LEAD.



TO ADDRESS THE URGENT NEED FOR SKILLED TEACHERS IN HIGH NEEDS SCHOOLS, WE DEVELOP THE CONTENT AND PEDAGOGICAL SKILLS OF TEACHER LEADERS AND TEACHERS IN FOUR CRITICAL AREAS: LITERACY, MATH, EARLY READING AND FORMATIVE ASSESSMENT. WE PAIR THIS APPROACH WITH OUR TEACHER LEADER DEVELOPMENT MODEL WHICH INCLUDES COMPETENCIES IN PEER COACHING AND LEADING PROFESSIONAL LEARNING COMMUNITIES. THIS APPROACH ENSURES THAT TEACHER LEADERS ARE POSITIONED TO LEAD THE INSTRUCTION FOR A SUSTAINABLE AND SCHOOL-WIDE IMPACT. RECENT INDEPENDENT RESEARCH CONFIRMED STATISTICALLY SIGNIFICANT INCREASES IN BOTH ELA AND MATH OUTCOMES FOR MORE THAN 1,000 STUDENTS.PRELIMINARY RESEARCH RESULTS SHOW THAT ACROSS ALL SCHOOLS PARTICIPATING IN OUR EARLY READING PROGRAM, FIRST AND SECOND GRADE STUDENTS ROSE FASTER THAN EXPECTED AND FASTER THAN OTHER GRADES.

### PART III - LINE 4

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 2015/16 WE PROVIDED IN-DEPTH PROGRAMMING TO APPROXIMATELY 46,000 STUDENTS, 1,548 TEACHER LEADERS AND TEACHERS AND 77 SCHOOLS.

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TEACHING MATTERS TRANSFORMS HOW EDUCATORS WORK TOGETHER HELPING THE MOEFFECTIVE 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.

Employer identification number 13-3770472

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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 YEARS, TEACHING MATTERS HAS OFFERED YEAR-ROUND,
IN-DEPTH PROGRAMMING TO APPROXIMATELY 1,000 SCHOOLS, 30,000 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.

Name of the organization

TEACHING MATTERS, INC.

Employer identification number 13-3770472

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

PROVIDED BY THE NONPROFIT COORDINATING COMMITTEE SALARY SURVEY, WHICH IS

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.

Name of the organization
TEACHING MATTERS, INC.

Employer identification number 13-3770472

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.