Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Α	For the	2023 calendar year, or tax year beginning SEP 1, 2023 and e	nding A	JG 31, 2024	
	Check if applicable	C Name of organization		D Employer iden	tification number
	Addres				
	Name change	Doing business as		13-37704	72
	Initial return Final	,	Room/suite 600	E Telephone num 212-870-35	
	return/ termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,893,667.
	ated Amend				
	return Applica tion			H(a) Is this a group	
	tion pendin	9 SAME AS C ABOVE		for subordina	
$\overline{}$	Toy ove		527	H(b) Are all subordinate	h a list. See instructions
			327	1 '	
	Websit	organization: X Corporation Trust Association Other	I Voor	H(c) Group exempt of formation: 1994	M State of legal domicile: DE
	art I	Summary	L TEAL	or formation, 2552	I WI State of legal doffliche, 22
_	1	Briefly describe the organization's mission or most significant activities: OUR MISS	SION IS	TO CLOSE THE	
Governance		OPPORTUNITY GAP OF A RADICALLY UNEQUAL EDUCATION SYSTEM FOR			
2	2	Check this box if the organization discontinued its operations or dispose	d of more	than 25% of its net	assets.
۶	3	Number of voting members of the governing body (Part VI, line 1a)			3 14
		Number of independent voting members of the governing body (Part VI, line 1b)			4 14
ď	5 5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5 108
i ,	6	Total number of volunteers (estimate if necessary)			6 14
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b 0.
				Prior Year	Current Year
٥	8	Contributions and grants (Part VIII, line 1h)		1,729,05	
Revenue	9	Program service revenue (Part VIII, line 2g)		5,771,73	
٥	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		255,20	
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-59,75	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,696,23	5. 12,642,742.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0. 0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0. 0.
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,158,26	
Fxnenses	2 16a ∣	Professional fundraising fees (Part IX, column (A), line 11e)			0. 0.
Ž	<u>{</u> b	Total fundraising expenses (Part IX, column (D), line 25) 718,5			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,979,30	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,137,57	
_		Revenue less expenses. Subtract line 18 from line 12		-2,441,33	
Assets or	Signature		Be	ginning of Current Ye	
set	E 20	Total assets (Part X, line 16)		14,212,12	
it Ag	a .	Total liabilities (Part X, line 26)		457,53	
Net		Net assets or fund balances. Subtract line 21 from line 20		13,754,58	7. 15,795,131.
	art II	Signature Block			Constitution and bullet to the
		ties of perjury, I declare that I have examined this return, including accompanying schedules a			r my knowledge and beller, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	en preparer	nas any knowledge.	
.		Signature of officer		L Date	
Sig		organical of one of the organical or		24.0	
He	re	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	T	Date Check	PTIN
Pai	id	ALEXANDER LAZZARUOLO Alexander Lazzaru		140/000F	nployed P01775353
	parer	Firm's name CONDON O'MEARA MCGINTY & DONNELLY LLP	word IC	Firm's EIN	13-3628255
	e Only	Firm's address ONE BATTERY PARK PLAZA, 7TH FL.		FIIIII S EIN	
-	- U.I.J	NEW YORK, NY 10004		Phone no 2	212-661-7777
Ma	v the IF	S discuss this return with the preparer shown above? See instructions		I Holle Ho. 4	X Yes No
	., 11				

Check Schedule Contains a response or note to any line in this Part II		1990 (2023) TEACHING MATTERS, INC.	13-3770472	Page 2
1 Brefly describe the organization similation. **PEACHISTOR MATTERS I & NATIONAL PROPRESIONAL LEARNING ORGANIZATION DEDICATED TO INCERNISH TRACERS PERCENTIFIERS, A CRITICAL PACTOR IN **STUDING** SECONS**, PROM STATES AND DISTRICTS TO SCHOOLS AND CLASSROMS, **WE PARTIES TO SIELP TRACERS AND SCHOOL LEADRING DETRICOR THE SKILLS TIETY DIG the organization undertake any significant program services during the year which were not listed on the prior Form 300 or 1906.227 If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Pai	rt III Statement of Program Service Accomplishments		
TEACHING MATERS IS A INSTORAL PROFESSIONAL LEARNING GRANIZATION DEDICATED TO INCREASING TRACES AND DISTRICTS TO SCHOOLS AND CLASSBOOMS, STUDBRY SUCCESS, FROM STAYES AND DISTRICTS TO SCHOOLS AND CLASSBOOMS, WE PARMER ON BELT TRACESSES AND SCHOOL LEADERS DEVICED THE SELLE THEY 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-627		Check if Schedule O contains a response or note to any line in this Part III		Х
DEDICATED TO INCREASING TRACERS PERCETURENSS, A CRITICAL PACTOR IN STRUCKED STORES AND CASCEDER OF SECURIOUS AND CLASSOOMS	1	Briefly describe the organization's mission:		
stribent SUCRES. FROM STATES AND DISTRICTS TO SCHOOLS AND CLASSROMS. WE PARTNER TO HELD PERKERS AND SCHOOL LARDES BUYED PRE STLLIS THEY 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form \$90 or \$90 E27 If Yes, \(\begin{align*} \text{ No } \) If Yes, \(\begin{align*} \text{ Color } \) Social between the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501 (6)(3) and 501 (6)		TEACHING MATTERS IS A NATIONAL PROFESSIONAL LEARNING ORGANIZATION		
WE PARTNER TO INILP TRACHERS AND SCHOOL. LEADERS DEVELOP THE SKILLS THEY 2 DId the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes, "describe these changes on Schedule 0. 4 Describe the organization by program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service specied. 4a (case		<u>'</u>		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form \$90 or \$90 E27				
prior Form 990 or 990 E27 Yes X No If Yes, 'describe these new services on Schedule O.		WE PARTNER TO HELP TEACHERS AND SCHOOL LEADERS DEVELOP THE SKILLS THEY		
If "Yes," describe these new services on Schedule O. Yes," describe these changes on Schedule O. Yes," describe these changes on Schedule O.	2	Did the organization undertake any significant program services during the year which were not listed on the		
### I **Vas,** describe these new services on Schedule O. ## Did the organization case conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?	Yes	X No
If "Ves," describe the searchanges on Schedule O.				
4c (Code:) (Expenses S	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$		If "Yes," describe these changes on Schedule O.		
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$	4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses.	
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4a (Code:) (Encented &			. ,	
4b (Code:) (Expenses \$	4a		\$ 8,571	,310.)
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(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses 9,314,889.	74	Other program services (Describe on Schedulo O)		
4e Total program service expenses 9,314,889.	40		1	
	40			
	1 €	Total program service expenses	Form 9	90 (2023)

09400613 152490 IYO03H

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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," complete Schedule D,			
	Part VI	11a	Х	
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		Х
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		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l		,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		
40	If "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		X
14a	, , , , ,	14a		
D	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			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"		 -
10	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 Part IX,	···		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	–"		† <u> </u>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	and the second s	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21		x

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Part IV	Checklist of Required Schedules	(continued)
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	· (continued)		V	Nia
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	,	23	х	
24 a	Schedule J			
ZTU	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
2 04	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
_0	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	ļ		
UZ.	,	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	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			
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	100		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	100		
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		, 50		
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5	. 55	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	10	х	

| 1c | * | Form **990** (2023)

13-3770472

Part V S	Statements Regarding Other IRS Filings and Tax Compliance $_{\it fit}$	continued)
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			Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		Х
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).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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 organization solicit	_		.,
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Λ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A	
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a			
a				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) 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	IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ANNE DYER - 212-870-3571

Form **990** (2023)

10115

475 RIVERSIDE DRIVE, 1600, NEW YORK, NY

Form 990 (2023) TEACHING MATTERS, INC. 13-3770472 Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box		Pos heck	c) ition more rson is	than o	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LYNETTE GUASTAFERRO	40.00									
CHIEF EXECUTIVE OFFICER				Х				261,480.	0.	41,837.
(2) MATHEW MOURA	40.00									
VICE PRESIDENT						Х		187,748.	0.	30,040.
(3) EVAN O'DONNELL	40.00									
VICE PRESIDENT						Х		160,987.	0.	25,758.
(4) CHRISTA BOGGIO	40.00									
CHIEF FINANCIAL OFFICER				Х				149,803.	0.	23,968.
(5) LAMONICA WILLIAMS	40.00									
VICE PRESIDENT						Х		156,580.	0.	9,395.
(6) AMBER CARTWRIGHT	40.00									
SENIOR EDUCATIONLA CONSULTANT						Х		141,757.	0.	22,681.
(7) JACOBE BELL	40.00									
DIRECTOR						Х		144,791.	0.	8,687.
(8) DIONIS RODRIGUEZ	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(9) INGRID EDELMAN	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(10) SONNY KALSI	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(11) OLGA VOTIS	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(12) JOSEPH LEWIS	2.00									
TREASURER		Х		Х				0.	0.	0.
(13) DANA CREEL	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(14) MICHAEL BIJAOUI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ELENA CRESPO	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) CALIE SANTANA, MD	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(17) SIMONE MAILMAN	1.00	1								
BOARD MEMBER		Х						0.	0.	0.

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(A) Name and title (18) JONATHAN KELI'I BOARD MEMBER (19) TIM JOHNSON BOARD MEMBER (20) ADAM HOPKINS BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER 21) Total from continuation sheets to Part VII d Total (add lines 1b and 1c) 2 Total number of individuals (including but no	(B) Average hours per week (list any hours for related organizations below line) 1.00 1.00 1.00	tee or director box	not cl	ss per	ition more to rson is irector	than o combensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	con f org ar org	(F) stimate mount other npensa from the ganizate and relate	ation ne tion ted ions
(18) JONATHAN KELI'I BOARD MEMBER (19) TIM JOHNSON BOARD MEMBER (20) ADAM HOPKINS BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER 1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	hours per week (list any hours for related organizations below line) 1.00	X X Individual trustee or director	cer an	ss per:	rson is	s both r/trust	an ee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC) 0.	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	con f org ar org	mount other opensa from the ganizate od relate	ation ne tion ted ions
BOARD MEMBER (19) TIM JOHNSON BOARD MEMBER (20) ADAM HOPKINS BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER 1b Subtotal c Total from continuation sheets to Part VII	(list any hours for related organizations below line) 1.00	X X Individual frustee or director	cer an	id a dii	irector	r/truste	ee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/1099-NEC)	con f orç ar org	other npensa rom th ganizat nd relat	ation ne tion ted ions
BOARD MEMBER (19) TIM JOHNSON BOARD MEMBER (20) ADAM HOPKINS BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER 1b Subtotal c Total from continuation sheets to Part VII	hours for related organizations below line) 1.00 1.00	x x	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC) 0.	(W-2/1099-MISC/ 1099-NEC) 0	f org ar org	rom th ganizat nd relat	ne tion ted ions
BOARD MEMBER (19) TIM JOHNSON BOARD MEMBER (20) ADAM HOPKINS BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER 1b Subtotal c Total from continuation sheets to Part VII	related organizations below line) 1.00 1.00	x x	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC) 0.	0 0	orç ar org	ganizat id relat	tion ted ions
BOARD MEMBER (19) TIM JOHNSON BOARD MEMBER (20) ADAM HOPKINS BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER 1b Subtotal c Total from continuation sheets to Part VII	organizations below line) 1.00 1.00	x x	Institutional trustee	Officer	Key employee	Highest compensat employee	Former	0.	0	ar org	d relat	ted ions
BOARD MEMBER (19) TIM JOHNSON BOARD MEMBER (20) ADAM HOPKINS BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER 1b Subtotal c Total from continuation sheets to Part VII	below line) 1.00 1.00	x x	Institutional tr	Officer	Key employee	Highest comp employee	Former	0.	0	org		ions 0.
BOARD MEMBER (19) TIM JOHNSON BOARD MEMBER (20) ADAM HOPKINS BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER 1b Subtotal c Total from continuation sheets to Part VII	1.00 1.00	x x	Institutio	Officer	Key empl	Highest c employee	Former	0.	0	,	anizat	0.
BOARD MEMBER (19) TIM JOHNSON BOARD MEMBER (20) ADAM HOPKINS BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER 1b Subtotal c Total from continuation sheets to Part VII	1.00	x x	lnsti	Offic	Key	High	Form	0.	0			
BOARD MEMBER (19) TIM JOHNSON BOARD MEMBER (20) ADAM HOPKINS BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER 1b Subtotal c Total from continuation sheets to Part VII	1.00	X						0.	0			
(19) TIM JOHNSON BOARD MEMBER (20) ADAM HOPKINS BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER 1b Subtotal c Total from continuation sheets to Part VII	1.00	X						0.	0			
BOARD MEMBER (20) ADAM HOPKINS BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER 1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	1.00	х						-				0
(20) ADAM HOPKINS BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER 1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)		х						-				Λ
BOARD MEMBER (21) HOKE SLAUGHTER BOARD MEMBER 1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)												0.
1b Subtotal c Total from continuation sheets to Part VII	1.00								_			
1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	1.00	x						0.	0	.		0.
1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)		X				l I						
1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								0.	0			0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								0.		+		
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)												
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)			1							+		
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)			1									
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c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)												
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)												
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c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)												
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)			_					1,203,146.	0		162	366.
d Total (add lines 1b and 1c)								0.	0	+		0.
							- 1	1,203,146.	0	+	162	366.
2 Total number of individuals (including but n								· · · · · · · · · · · · · · · · · · ·		<u>' </u>	102,	
and the second s	or illusted to th	iose	iiste	u ab	ove) WH	o rec	ceived more than \$100,0	out of reportable			14
compensation from the organization											Yes	No
											163	NO
3 Did the organization list any former officer,	•		•		•		_		•			١
line 1a? If "Yes," complete Schedule J for so										3		Х
4 For any individual listed on line 1a, is the su	•								•			
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	," co	mple	ete S	Sche	dule	J fo	or such individual		4	Х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch c	oerso	on				5		Х
Section B. Independent Contractors	-											
1 Complete this table for your five highest cor	mpensated ind	depe	nder	nt co	ontra	ctor	s tha	at received more than \$	100,000 of compens	ation fr	om	
the organization. Report compensation for t												
(A)	<u>, </u>			<u> </u>				(B)		(C)	
Name and business	address	NO	NE					Description of s	ervices	Compe	ensatio	n
							\dashv					
							+					
							+					
							\perp					
2 Total number of independent contractors (ir			niter						vo than			

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ue

			Check if Schedule O	cont	ains a	respor	ise (or note to any lin				
									(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS	1	_	Federated campaigns			1a						
Contributions, Gifts, Grants and Other Similar Amounts						1b						
اج ق								1,041,313.				
ts, An			Fundraising events			1c		1,041,313.				
ig ig						1d						
S.			Government grants (contr			1e						
r io	1	f	All other contributions, gifts,	gran	ıts, and	t						
ig #			similar amounts not included	l abo	ve	1f		2,894,097.				
벌		g	Noncash contributions included in	lines	1a-1f	1g \$						
<u> မ လ</u>		h	Total. Add lines 1a-1f						3,935,410.			
								Business Code				
ø.	2	а	PROGRAM SERVICE FEE	S				900099	8,571,310.	8,571,310.		
Ş		b										
Ser		С					_					
E S		d										
gra		e										
Program Service Revenue			All other program service									
_									8,571,310.			
\rightarrow	3	y	Total. Add lines 2a-2f Investment income (include						0,371,310.			
	3		,	•		,		,	311,447.			311,447.
	4		other similar amounts)						311,447.			311,117.
	4		Income from investment of			•						
	5		Royalties	······		(i) Real						
	_					(i) neai		(ii) Personal				
			Gross rents	6a								
			Less: rental expenses	6b								
			Rental income or (loss)	6c	:							
			Net rental income or (loss	·) <u></u>				(") OH				
	7	а	Gross amount from sales of		(1) 8	Securitie		(ii) Other				
			assets other than inventory	7a	<u> </u>	30,00	00.					
	ı	b	Less: cost or other basis									
Other Revenue			and sales expenses			57,83						
Ş.			Gain or (loss)			-27,83	11.					_
æ			Net gain or (loss)						-27,811.			-27,811.
her	8	а	Gross income from fundraising events (not									
ᅙ			including \$1,	041	,313.	•_ of						
			contributions reported on									
			Part IV, line 18				8a	45,500.				
	-	b	Less: direct expenses				8b	193,114.				
		С	Net income or (loss) from	func	draisin	ng event	s		-147,614.			-147,614.
	9	a	Gross income from gamin	ng ac	ctivitie	s. See						
			Part IV, line 19				9a					
		b	Less: direct expenses				9b					
		С	Net income or (loss) from	gam	ning a	ctivities						
	10	а	Gross sales of inventory, I									
			and allowances				10a					
		b	Less: cost of goods sold				10b					
	-	С	Net income or (loss) from	sale	s of ir	nventory	<i>'</i>					
က္အ								Business Code				
Miscellaneous Revenue	11	а					_					
lan en		b					_					
3ev		С										
Σ Zi			All other revenue									
		e	Total. Add lines 11a-11d						12 642 742	Q E71 210	0	126 022
	12		Total revenue. See instruction	ons					12,642,742.	8,571,310.	0.	136,022.

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

Do	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	567,662.	477,189.	61,754.	28,719
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,455,598.	6,267,354.	811,072.	377,172
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	244,413.	205,459.	26,589.	12,365
9	Other employee benefits	649,585.	546,057.	70,666.	32,862
10	Payroll taxes	645,677.	542,772.	70,241.	32,664
11	Fees for services (nonemployees):				
а	Management				
b	Legal	3,759.	2,378.	808.	573
С	Accounting	35,648.	22,549.	7,663.	5,436
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	30,000.		30,000.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,058,222.	669,365.	227,476.	161,381
12	Advertising and promotion	12,092.	9,147.	2,810.	135
13	Office expenses	77,543.	51,610.	13,824.	12,109
14	Information technology	230,139.	151,228.	58,713.	20,198
15	Royalties				
16	Occupancy	132,930.	95,851.	30,505.	6,574
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	149,918.	120,699.	24,202.	5,017
20	Interest				
21	Payments to affiliates	22.545	46.055	5 226	
22	Depreciation, depletion, and amortization	23,515.	16,956.	5,396.	1,163
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule O.)				
а	OTHER EXPENSES	133,016.	111,553.	2,702.	18,761
b	DUES, FEES & SUBSC.	41,404.	21,424.	16,588.	3,392
С	TEMP HELP, RECRUIT.	3,298.	3,298.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	11,494,419.	9,314,889.	1,461,009.	718,521
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Part X Balance Sheet

Part	^	Balance Sneet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X		<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,917,111.	1	5,037,456
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3,069,118.	3	1,907,97
		Accounts receivable, net			886,090.	4	841,90
		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial o	contributor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu	alified per				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
σ l	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
As	9	B			33,790.	9	62,14
1	l0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	728,906.			
	b	Less: accumulated depreciation		728,906.	23,514.	10c	
1	11	Investments - publicly traded securities			7,106,388.	11	8,280,06
1	12	Investments - other securities. See Part IV, line				12	
1	13	Investments - program-related. See Part IV, lin		Г		13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11			176,112.	15	44,02
1	16	Total assets. Add lines 1 through 15 (must ed			14,212,123.	16	16,173,58
1	17	Accounts payable and accrued expenses	163,424.	17	290,24		
1	18	Grants payable				18	
1	19	Deferred revenue	118,000.	19	44,17		
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complet				21	
ທ 2	22	Loans and other payables to any current or fo					
É		trustee, key employee, creator or founder, sub	ostantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
2 ٿ	23	Secured mortgages and notes payable to unre				23	
2	24	Unsecured notes and loans payable to unrela	ted third i	· · · · · · · · · · · · · · · · · · ·		24	
2	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24)	. Complete Part X			
		of Schedule D			176,112.	25	44,028
2	26	Total liabilities. Add lines 17 through 25			457,536.	26	378,450
		Organizations that follow FASB ASC 958, c	heck her	e X			
Se		and complete lines 27, 28, 32, and 33.					
ğ 2	27	Net assets without donor restrictions			8,064,823.	27	11,659,68
Ba 2	28	Net assets with donor restrictions			5,689,764.	28	4,135,450
밀		Organizations that do not follow FASB ASC					
죠		and complete lines 29 through 33.					
Ď 2	29	Capital stock or trust principal, or current fund	ds			29	
و <u>څ</u> و	30	Paid-in or capital surplus, or land, building, or				30	
Ag 3	31	Retained earnings, endowment, accumulated				31	
ا ب	32	Total net assets or fund balances			13,754,587.	32	15,795,131
		Total liabilities and net assets/fund balances			14,212,123.	33	16,173,581

13-3770472

Pa	rt 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)	1	12,	642,	742.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,	494,	419.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	148,	323.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,	754,	587.
5	Net unrealized gains (losses) on investments	5		892,	221.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15,	795,	131.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were 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?		2b	Х	$oxed{oxed}$
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TEACHING MATTERS INC.

Employer identification number 13-3770472

Da	rt I		Charity Status			-: 1 \ 0		10 0770171
_		Reason for Public (ee instructions.	
The	organ	anization is not a private foundation because it is: (For lines 1 through 12, check only one box.)						
1	Щ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	· ·				• •	oublic described in
		section 170(b)(1)(A)(vi). (C	•	а. рал от но оаррол п	o a gov		ann an mann ana gamaran	
8		A community trust describe		(1)(A)(vi) (Complete Part	· II \			
9	H	An agricultural research org			•	nd in coni	inction with a land grant	collogo
9		•				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	e Or
40		university:	II	than 00 1 /00/ af ita a				d
10	Ш	An organization that norma	•				· ·	*
		activities related to its exem		·	. ,		• •	•
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	Щ	An organization organized a	and operated exclusi	ively to test for public saf	ety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on
	_	lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
а	ı		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	= ::				• •	,
d	. [Type III non-functionally		•				zation(s)
_		that is not functionally int	•					* *
		requirement (see instructi	-		•			7011000
е		Check this box if the orga	•					
	, L	functionally integrated, or					Type i, Type ii, Type iii	
f	Ent	er the number of supported o	* *	nally integrated supporting	ig organiz	ation.		
g		vide the following information		nd organization(s)				
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
		organization	. ,	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		
Tota	al						I	

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	` ,	` ,	•
	membership fees received. (Do not						
	include any "unusual grants.")	2,610,423.	10,869,362.	2,384,060.	1,729,052.	3,935,410.	21,528,307.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,610,423.	10,869,362.	2,384,060.	1,729,052.	3,935,410.	21,528,307.
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)						8,498,025.
6	Public support. Subtract line 5 from line 4.						13,030,282.
	ction B. Total Support						, ,
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2,610,423.	10,869,362.	2,384,060.	1,729,052.	3,935,410.	21,528,307.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	179,899.	125,964.	323,242.	177,347.	311,447.	1,117,899.
9	Net income from unrelated business	,	,	,	,	,	
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,030.	7,154.	181.	66.		8,431.
11	Total support. Add lines 7 through 10						22,654,637.
	Gross receipts from related activities,	etc (see instruction	I ns)			12	5,771,733.
	First 5 years. If the Form 990 is for th						, , , .
.0	organization, check this box and stor						
Se	ction C. Computation of Publi						
_	Public support percentage for 2023 (li		<u>_</u>	olumn (f))		14	57.52 %
	Public support percentage from 2022		•	.,,		15	50.70 %
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
ŀ	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
172	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te			-		viriow the organiz	
r	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						. 5 / 0 01
					-		
	organization meets the tacts-and-circl	imstances test. The	e organization di ia	lities as a bubliciv s	supported ordaniz	ation	
18	organization meets the facts-and-circu Private foundation. If the organizatio		-		• •		

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per- formed, 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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi					T T	
15	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>
16	Public support percentage from 2022					16	%
	ction D. Computation of Inves					Т Т	
	Investment income percentage for 20					17	<u>%</u>
18	, ,					18	<u>%</u>
19	a 33 1/3% support tests - 2023. If the						7 is not
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	_		
ŀ	2		
	0-		
ŀ	3a		
	3b		
ı	- CL		
	3с		
Ī			
	4a		
	4b		
	_		
ŀ	4c		
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	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
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Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 C	heck here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	ll other Type III non-functionally integrated supporting organizations mu		·	_
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sho	rt-term capital gain	1		
2 Recover	ries of prior-year distributions	2		
3 Other gr	ross income (see instructions)	3		
4 Add line	es 1 through 3.	4		
5 Depreci	ation and depletion	5		
6 Portion	of operating expenses paid or incurred for production or			
collection	on of gross income or for management, conservation, or			
mainten	nance of property held for production of income (see instructions)	6		
7 Other ex	xpenses (see instructions)	7		
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - M	linimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	ate fair market value of all non-exempt-use assets (see			
instructi	ions for short tax year or assets held for part of year):			
a Average	e monthly value of securities	1a		
b Average	e monthly cash balances	1b		
c Fair mar	rket value of other non-exempt-use assets	1c		
d Total (a	dd lines 1a, 1b, and 1c)	1d		
e Discou	nt claimed for blockage or other factors			
(explain	in detail in Part VI):			
2 Acquisit	tion indebtedness applicable to non-exempt-use assets	2		
3 Subtrac	t line 2 from line 1d.	3		
4 Cash de	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see inst	ructions).	4		
5 Net valu	ue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply	line 5 by 0.035.	6		
7 Recover	ries of prior-year distributions	7		
8 Minimu	m Asset Amount (add line 7 to line 6)	8		
Section C - D	Distributable Amount			Current Year
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.	85 of line 1.	2		
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gr	reater of line 2 or line 3.	4		
5 Income	tax imposed in prior year	5		
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to			
	ncy temporary reduction (see instructions).	6		
$\overline{}$	heck here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	<u> </u>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
<u></u>	and out the state of the state	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
	From 2020			
	From 2021			
е	From 2022			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Carryover from 2018 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
•	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
J	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	,			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8				
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
_	Evoses from 2023			

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:						
MISCELLANEOUS INCOME						
2019 AMOUNT: \$ 1,030.						
2020 AMOUNT: \$ 7,154.						
2021 AMOUNT: \$ 181.						
2022 AMOUNT: \$ 66.						
2023 AMOUNT: \$ 0.						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

TEACHING MATTERS, INC.

Employer identification number 13-3770472

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	· · · · · · · · · · · · · · · · · · ·	(b) Funds and other accounts
_	Total growth and and of const	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year) 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 v	writing that the assets held in donor advis	ed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic stru	***************************************	2c
d	Number of conservation easements included on line 2c acqu		
•	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	ihar Cimilar Assats
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		and be also as a short of control
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
h	service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in full	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical treations		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1	·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

09400613 152490 ІУООЗН

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		368,391.	368,391.	0.
d Equipment		336,941.	336,941.	0.
e Other		23,574.	23,574.	0.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part X. line 1	0c column (B))		0.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities		141 O E 000 D 1 V II 10	rage
Complete if the organization answered "Yes"	ı	•	d of your morket value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
1) Financial derivatives			
Closely held equity interests Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	F 000 D+ N/ I'	44 - O Farm 000 Park V Fra 40	
Complete if the organization answered "Yes"			d of year market value
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	Г
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		
Part X Other Liabilities	-,-,/		•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			44,028
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			44 000
Total. (Column (b) must equal Form 990, Part X, line 25, co			44,028
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FAOD AOU 740. UNECK NO		ovided in Part XIII ledule D (Form 990) 202

13-3770472

Pai	T XI Reconciliation of Revenue per Audited Financial State		evenue per Re	turn	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line			1	13,698,077.
1					13,050,077.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مما	892,221.		
a	Net unrealized gains (losses) on investments		032,221.	-	
b	Donated services and use of facilities			-	
C	Recoveries of prior year grants		193,114.		
d	Other (Describe in Part XIII.)		· · · · · · · · · · · · · · · · · · ·		1 095 335
e	Add lines 2a through 2d			2e	1,085,335.
3	Subtract line 2e from line 1			3	12,012,742.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	30 000		
a	Investment expenses not included on Form 990, Part VIII, line 7b		30,000.		
b	Other (Describe in Part XIII.)				20 000
	Add lines 4a and 4b			4c	30,000.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) T XII Reconciliation of Expenses per Audited Financial States	ements With F	ynenses ner F	5 Return	12,642,742.
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line		Expended per i	iotai ii	
1				1	11,657,533.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, , ,
a	Donated services and use of facilities	2a			
b					
C	Prior year adjustments Other lesses				
d	Other losses Other (Describe in Part XIII.)		193,114.	-	
	,		· · · · · · · · · · · · · · · · · · ·	20	193,114.
e	Add lines 2a through 2d			2e 3	11,464,419.
3	Subtract line 2e from line 1			3	11,404,415.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45	30,000.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		30,000.		
b	Other (Describe in Part XIII.)			4-	30,000.
	Add lines 4a and 4b			4c	11,494,419.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information)		5	11,454,415.
		Doubly lines the su	al Ob. David V. Jima 4	. Dart V. I	ing O. Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and	•	*	; Part X, I	ine 2; Part XI,
111163	20 and 45, and Fart Air, lines 20 and 45. Also complete this part to provide any	additional imorna	tion.		
PART	V, LINE 4:				
THE	BOARD IN AGREEMENT WITH MANAGEMENT SET ASIDE A RESERVE OF	\$1,000,000			
(BOA	RD-DESIGNATED) TO BE UTILIZED TO FUND SHORT-TERM AND MEDIU	M-TERM			
DDOG	RAMMATIC EXPANSION AND OTHER IDENTIFIED STRATEGIC INITIAT	WEG			
PROG	RAMMATIC EXPANSION AND OTHER IDENTIFIED STRATEGIC INITIAL	.VES.			
TEME	ORARILY RESTRICTED NET ASSETS REPRESENT GRANTS RECEIVED, W	HICH ARE			
TEME	ORARILY RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE. ON	ICE THAT			
SPEC	TIFIC PURPOSE HAS BEEN MET, THE FUNDS ARE RELEASED FROM RES	STRICTION AND			
ARE	REPORTED IN THE STATEMENT OF ACTIVITIES AS ASSETS RELEASED	FROM			
REST	PRICTIONS.				
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	ATTERS INC.					Employer ide 13-377047	ntification number
	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	line 1		
required to complete this par							
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising ding of onal fo	overnment grants nment grants events fficers, directors, trus undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organization or licensing.	on is registered or licensed to solicit o			or has been notified	l it is	exempt from re	gistration
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 or	990-E	Z.			Schedule	G (Form 990) 2023

Pa	rt	Fundraising Events. Complete if the of fundraising event contributions and great productions.				
		or landraioning event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			ANNUAL LUNCHEON	EVENT 2	(total number)	col. (c))
ge			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	401,156.	685,657.		1,086,813.
	2	Less: Contributions	377,406.	663,907.		1,041,313.
	3	Gross income (line 1 minus line 2)	23,750.	21,750.		45,500.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	22,200.	120,164.		142,364.
Direct Expenses	7	Food and beverages				
ä	8	Entertainment				
	9	Other direct expenses				50,750.
	10					193,114.
$oxed{oxed}$		Net income summary. Subtract line 10 from I	ine 3, column (d)			-147,614.
Pa	rt		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
$\overline{}$		\$15,000 on Form 990-EZ, line 6a.	T		T	T.,,_,,
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
٣	1	Gross revenue				
П						
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
	_					
2220	22 00).12.92			Sche	edule G (Form 990) 2023

Sch	nedule G (Form 990) 2023 TEACHING MATTERS, INC.	3-3770472	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12			
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	b An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	b If "Yes," enter the amount of gaming revenue received by the organization \$		
_	of gaming revenue retained by the third party \$		
C	c If "Yes," enter name and address of the third party:		
	N.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
Ŀ	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 \$		
Pa	art IV Supplemental Information. Provide the explanations 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.		,
_	100, 100, 10, and 110, do applicable. The provide any additional information. Coo method detection.		
_			
_			
_			

Schedule G	G (Form 990) TEACHING MATTERS, INC.	13-3770472	Page 4
Part IV	(Form 990) TEACHING MATTERS, INC. Supplemental Information (continued)		
-			
ī-			
_			

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.

2023

Employer identification number

13-3770472

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

TEACHING MATTERS, INC.

Questions Regarding Compensation Yes No 1a 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 Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the 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 Compensation committee Written employment contract X Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 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: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4h Х **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LYNETTE GUASTAFERRO	(i)	246,480.	15,000.	0.	15,689.	26,148.	303,317.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MATHEW MOURA	(i)	177,748.	10,000.	0.	11,265.	18,775.	217,788.	0,
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0,	0,
(3) EVAN O'DONNELL	(i)	150,987.	10,000.	0.	9,659.	16,099.	186,745.	0,
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0,	0,
(4) CHRISTA BOGGIO	(i)	139,803.	10,000.	0.	8,988.	14,980.	173,771.	0,
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0,	0,
(5) LAMONICA WILLIAMS	(i)	150,080.	6,500.	0.	9,395.	0.	165,975.	0,
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AMBER CARTWRIGHT	(i)	140,757.	1,000.	0.	8,505.	14,176.	164,438.	0,
SENIOR EDUCATIONLA CONSULTANT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JACOBE BELL	(i)	140,791.	4,000.	0.	8,687.	0.	153,478.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

TEACHING MATTERS, INC.	13-3770472
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
UNDERSERVED AND HISTORICALLY MARGINALIZED CHILDREN.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
NEED TO TEACH WELL, LEAD THEIR PEERS AND DRIVE SCHOOL-WIDE IMPROVEMENT.	
OUR MISSION IS TO CLOSE THE OPPORTUNITY GAP OF A RADICALLY UNEQUAL	
EDUCATION SYSTEM FOR UNDERSERVED AND HISTORICALLY MARGINALIZED	
CHILDREN.	
PART III - LINE 4A	
TEACHING MATTERS HAS SUPPORTED NEW YORK CITY (NYC) PUBLIC SCHOOLS	
SERVING PRIMARILY LOW-INCOME BLACK AND LATINX K-12 STUDENTS FOR MORE	
THAN 25 YEARS. OUR MISSION IS TO CLOSE THE OPPORTUNITY GAP OF A	
RADICALLY UNEQUAL EDUCATION SYSTEM FOR UNDERSERVED AND HISTORICALLY	
MARGINALIZED CHILDREN. WE ENVISION A NATION WHERE EVERY STUDENT HAS	
EQUITABLE ACCESS TO EXCELLENT TEACHING, REGARDLESS OF ZIP CODE. WE ARE	
NATIONALLY RECOGNIZED, AND SINCE OUR FOUNDING, WE HAVE WORKED WITH OVER	
1,700 SCHOOLS, 40,000 TEACHERS AND REACHED OVER 750,000 STUDENTS.	
THIS YEAR, WE WERE ABLE TO DIRECTLY COACH 2,500+ EDUCATORS IN 200+	
SCHOOLS, REACHING 100,000+ STUDENTS ACROSS ALL PROGRAM AREAS WHICH	
INCLUDE:	
THIS YEAR, WE DIRECTLY COACHED 4,500+ EDUCATORS IN 334 SCHOOLS,	
REACHING NEARLY 130,000 STUDENTS.	
THE ORGANIZATION FOCUSES ON PROVIDING MATH AND READING SUPPORT IN	
SEVERAL PROGRAMS AND SERVICES.	

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

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** TEACHING MATTERS, INC. 13-3770472 TEACHING MATTERS HAS A CODIFIED APPROACH FOR BOTH TIER I READING AND MATH CURRICULUM ADOPTION, AS WELL AS TIER II TARGETED SUPPORT, THAT HOLISTICALLY BUILDS CAPACITY FOR DISTRICTS AND ADDRESSES THEIR MOST PRESSING NEEDS, WHILE MEANINGFULLY IMPACTING STUDENTS. TEACHING MATTERS FOUNDATIONAL LITERACY MATTERS (FLM) PROGRAM IS A12-WEEK INTERVENTION DESIGNED TO "JUMPSTART" EARLY READING. THIS INNOVATIVE APPROACH GREW OUT OF OUR EVIDENCE-BASED EARLY LITERACY MODEL EARLY READING MATTERS (ERM). FOUNDATIONAL LITERACY MATTERS USES THE CYCLES OF SUPPORT FROM ERM. BUT TARGETS THEM TO THE YOUNGEST AND MOST STRUGGLING READERS TO MOVE THEM FROM PRE-READING TO PROFICIENCY. MATH MATTERS DEVELOPS TEACHERS' CAPACITY TO ACCELERATE STUDENT LEARNING THROUGH RIGOROUS GRADE-LEVEL MATHEMATICS INSTRUCTION USING HIGH QUALITY INSTRUCTIONAL MATERIALS AND INNOVATIVE TECHNOLOGIES TO BUILD CONCEPTUAL UNDERSTANDING, PROCEDURAL FLUENCY, AND APPLICATION SKILLS, IN A SUPPORTIVE, WELCOMING AND AFFIRMING CLASSROOM ENVIRONMENT. WE FOCUS ON MEASURING OUTCOMES RELATED TO STUDENTS' MASTERY OF STANDARDS, STUDENTS' PERCEPTIONS OF THE LEARNING ENVIRONMENT. AND CHANGES IN TEACHER PRACTICE. THE TEACHING MATTERS NETWORK FOR SCHOOL IMPROVEMENT: OUR NETWORK CONNECTS 16 MIDDLE SCHOOLS ACROSS NYC DISTRICTS, WITH THE OVERALL GOAL OF INCREASING THE PERCENTAGE OF BLACK, LATINX, AND LOW-INCOME STUDENTS WHO ARE ON-TRACK BY THE END OF MIDDLE SCHOOL (8TH GRADE)

<u>Schedule O (Form 990) 2023</u> Page **2**

Employer identification number Name of the organization TEACHING MATTERS, INC. 13-3770472 TO GRADUATE HIGH SCHOOL AND BE ACADEMICALLY PREPARED FOR COLLEGE. THIS GATES FOUNDATION, FIVE-YEAR, GRANT ALLOWS US TO FOCUS ON CULTURALLY RESPONSIVE LITERACY PRACTICES IN SCHOOLS THAT CENTER STUDENT VOICE AND TAKES A CONTINUOUS IMPROVEMENT APPROACH TO LEARNING. ADDITIONALLY, THERE IS A COMPARATIVE EVALUATION STUDY MANAGED BY THE GATES FOUNDATION, TESTING THE EFFICACY OF CONTINUOUS IMPROVEMENT PRACTICES IN IMPROVING OUTCOMES FOR BLACK, LATINX, AND LOW-INCOME STUDENTS. FORM 990, PART VI, SECTION B, LINE 11B: THE CEO OVERSEES THE PREPARATION OF THE FORM 990 AND PRESENTS IT TO THE BOARD CHAIR AND TREASURER FOR REVIEW AND APPROVAL PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: 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. FORM 990, PART VI, SECTION B, LINE 15: 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.

Schedule O (Form 990) 2023	Page 2
Name of the organization TEACHING MATTERS, INC.	Employer identification number 13-3770472
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.	
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FORM 990, PART VI, SECTION C, LINE 19:	
TEACHING MATTERS, INC. MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE.	
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Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electro	onic filing (e-file). You can electronically file Form 8868 to	request up	o to a 6-month extension of time to	file an	y of t	ne forms		
listed b	pelow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit	Contra	icts. A	n extensio	on	
reques	t for Form 8870 must be sent to the IRS in a paper format ((see instru	ctions). For more details on the ele	ctronic	filing	of Form		
8868, v	visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-	profits.						
Cautio	n: If you are going to make an electronic funds withdrawal ((direct deb	it) with this Form 8868, see Form 8	3453-TI	E and	Form 887	'9-TE for pa	yment
instruc	tions.							
All corp	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnersh	ips, RE	MICs	, and trust	ts	
must u	se Form 7004 to request an extension of time to file incom-	e tax retur	ns.					
Part I	Identification							
Type o	Name of exempt organization, employer, or other filer	, see instru	uctions.	Tax	payer	identificat	tion numbe	r (TIN)
Print								
File by th	TEACHING MATTERS, INC.					13-37	770472	
due date	for Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.					
filing you return. Se								
instructio		reign addı	ress, see instructions.					
	NEW YORK, NY 10115							
Enter t	he Return Code for the return that this application is for (file	e a separat	e application for each return)				<u></u>	0 1
Applic	ation Is For	Return	Application Is For					Return
		Code						Code
Form 9	90 or Form 990-EZ	01	Form 4720 (other than individual))				09
Form 4	720 (individual)	03	Form 5227					10
Form 9	90-PF	04	Form 6069					11
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870					12
Form 9	90-T (trust other than above)	06	Form 5330 (individual)					13
Form 9	90-T (corporation)	07	Form 5330 (other than individual))				14
Form 1	041-A	08						
After	you enter your Return Code, complete either Part II or Par	t III. Part II	l, including signature, is applicable	only fo	or an	extension	of	
time to	file Form 5330.							
If this	s application is for an extension of time to file Form 5330, y	ou must e	nter the following information.					
F	Plan Name							
F	Plan Number							
F	Plan Year Ending (MM/DD/YYYY)							
	Automatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)					
The	books are in the care of ANNE DYER							
	475 RIVERSIDE DRIVE, 160	0 - NEW	YORK, NY 10115					
	ephone No. 212-870-3571		Fax No.					
	e organization does not have an office or place of business							
• If th	is is for a Group Return, enter the organization's four-digit							
box	If it is for part of the group, check this box		ch a list with the names and TINs					
		LY 15	, 20 <u>25</u> , to t	file the	exem	pt organiz	ation returr	า for
t	he organization named above. The extension is for the orga	anization's	return for:					
Ĺ	calendar year 20 or							
2	tax year beginning SEP 1	, 20 2	, and ending	AUG 3	1		, 20 <u>2</u>	:4
				_				
2 <u>l</u>	f the tax year entered in line 1 is for less than 12 months, cl	heck reasc	on: Initial return	J Final	returi	า		
L	Change in accounting period							
3a l	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less					
3	any nonrefundable credits. See instructions.				3a	\$		0.
b I	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and					
-	estimated tax payments made. Include any prior year overp				3b	\$		0.
	Balance due. Subtract line 3b from line 3a. Include your pa	•						
	using FFTPS (Flectronic Federal Tax Payment System) See	instruction	ns	I	3c	\$		0.