(Rev. January 2020)

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

AF	or the A	2019 calendar year, or tax year beginning Si	SP 1, 2019 and	ending A	UG 31, 2020				
	heck if oplicable:	C Name of organization			D Employer	identific	cation number		
X	Address change	TEACHING MATTERS, INC.							
	Name change	Doing business as			13-3	770472			
	Initial return	Number and street (or P.O. box if mail is not del	· ·	Room/suite	E Telephone		•		
	Final return/ termin-	475 RIVERSIDE DRIVE		1600	212-87	0-3571			
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipt	s \$	6,	143,357.	
	Amende	NEW TORK, NT 10115			H(a) Is this a	group re			
	Applica- tion pending	F Name and address of principal officer: JOSEI	PH C. LEWIS		for subc	rdinates	? Ye s	X No	
		SAME AS C ABOVE			H(b) Are all sub				
				or 527	1 ′		list. (see instruc	ctions)	
		₩WW.TEACHINGMATTERS.ORG			H(c) Group e				
		rganization: X Corporation Trust As Summary	sociation Other	L Year	of formation: 1	994 N	1 State of legal de	omicile: DE	
		riefly describe the organization's mission or most	significant activities: OUR MI	SSION IS	TO CLOSE T	HE			
ce		PPORTUNITY GAP OF A RADICALLY UNEQUA							
nar	2 C	heck this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of it	s net ass	ets.		
Governance	3 N	umber of voting members of the governing body				1 _ 1		13	
Activities & Go		umber of independent voting members of the gov						13	
		otal number of individuals employed in calendar y						62	
itie		otal number of volunteers (estimate if necessary)						18	
cŧi		otal unrelated business revenue from Part VIII, co						0.	
Þ		et unrelated business taxable income from Form						0.	
					Prior Year		Current	Year	
Revenue	8 C	ontributions and grants (Part VIII, line 1h)			2,66	6,067.	2,	610,423.	
	9 P	rogram service revenue (Part VIII, line 2g)			3,73	2,013.	3,	127,380.	
eve	10 In	vestment income (Part VIII, column (A), lines 3, 4,	and 7d)		-10	6,697.		187,220.	
Œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c	9c, 10c, and 11e)			2,700.		-53,612.	
	12 T	otal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		6,25	8,683.	5,	871,411.	
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.	
	14 B	enefits paid to or for members (Part IX, column (A), line 4)			0.		0.	
S	15 S	alaries, other compensation, employee benefits (F			4,70	6,509.	5,608,592.		
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), li	ne 11e)			0.	0.		
xbe	b T	otal fundraising expenses (Part IX, column (D), line	The state of the s						
ш	1 <i>1</i>	ther expenses (Part IX, column (A), lines 11a-11d,				2,561.	·	574,051.	
		otal expenses. Add lines 13-17 (must equal Part I)				9,070.		182,643.	
		evenue less expenses. Subtract line 18 from line	12			9,613.		311,232.	
s or				Ве	ginning of Curre		End of \		
sset 3ala	20 T	otal assets (Part X, line 16)			12,64			666,636.	
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)			222,519. 1,161 12,419,042. 11,504				
Pa	22 N	et assets or fund balances. Subtract line 21 from Signature Block	line 20		12,41	9,042.		504,905.	
		es of perjury, I declare that I have examined this return,	including accompanying schedules	and stateme	ante and to the h	act of my	knowledge and h	naliaf it is	
		and complete. Declaration of preparer (other than office			•		Kilowicuge alia i	Jolioi, it is	
ii uo,	1	and complete. Beolaration of proparer (ether than emed	1) 10 baooa on an imormation of wi	non propuror	nas arry kirowice	igo.			
Sigr	,	Signature of officer			Date				
Her									
		Type or print name and title							
	1	Print/Type preparer's name	Preparer's signature] [Date	Check	PTIN		
Paid		AMES J. REILLY	Damon Roille	,	7/9/2021	if self-employ	ed P0018376	9	
Prep	—	irm's name CONDON O'MEARA MCGINTY &		Firm's	S EIN 🕨	13-3628255			
Use		irm's address ONE BATTERY PARK PLAZA							
		NEW YORK, NY 10004			Phon	e no.212	-661-7777		
May	the IRS	discuss this return with the preparer shown abo	ve? (see instructions)				X Yes	No	

	n 990 (2019) TEACHING MATTERS, INC.	13-3770472	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: TEACHING MATTERS IS A NATIONAL PROFESSIONAL LEARNING ORGANIZATION		
	DEDICATED TO INCREASING TEACHER EFFECTIVENESS, A CRITICAL FACTOR IN		
	STUDENT SUCCESS. FROM STATES AND DISTRICTS TO SCHOOLS AND CLASSROOMS,		
	WE PARTNER TO HELP TEACHERS 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		
2			X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		NO
2		s? Yes	Y No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? Tes	LA_ NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total expenses, ar	na
	revenue, if any, for each program service reported.	2.10	7 200 >
4a	(Code:) (Expenses \$5,664,546. including grants of \$) (R	evenue \$ 3 , 12	/ <u>,380.</u>)
	SCHOOL-BASED LEADERSHIP AND INSTRUCTIONAL SUPPORT: SEE SCHEDULE O.		
4b	(Code:) (Expenses \$ including grants of \$) (R	evenue \$	
	/ (Country graine of V		
	•		
	•		
4c	(Code:) (Expenses \$ including grants of \$) (R	evenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 5,664,546.	/	
		Form 9	90 (2019)

Form 990 (2019) TEACHING MATTERS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_ <u> </u>		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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		X
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	X	
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		Х
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		x
۵	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	1.0		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	, ,	12a	Х	
	Schedule D, Parts XI and XII	IZa		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		_v
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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
_		_		_

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Form **990** (2019)

Part IV	Checklist of Required Schedules	(continued)
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	· /		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	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 lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Fal				
	Check if Schedule O contains a response or note to any line in this Part V			N _a
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1090. Enter 40- in not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	

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Form **990** (2019)

13-3770472

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

	i (communicati)				
0-	Fatar the graphs of apple consisted on Farm W.C. Transmitted of Ware and Tay Chatemants			Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	62			
h	filed for the calendar year ending with or within the year covered by this return	_	2b	х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	···	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4	la		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?	5	ā		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?	5	бС		<u> </u>
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?	_6	Sa .		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
_	were not tax deductible?	. -6	3b		
7	Organizations that may receive deductible contributions under section 170(c).			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 7b	X	
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	··· ├	b	21	
C	to file Form 8282?	7	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	· •			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	٦,	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	? 7	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?	L <i>i</i>	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	_9	а		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	2	b		
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	\dashv			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	\dashv			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A 11a				
a b	Gross income from members or shareholders N/A 11a Gross income from other sources (Do not net amounts due or paid to other sources against	\dashv			
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1:	2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	1	За		
	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?	—	4a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<u>1</u> 4	4b		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	💾	15		Х
16	If "Yes," see instructions and file Form 4720, Schedule N.		16		х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	'	10		
	ii 165, complete i umi 4720, conedule o.		- o r m	990	(2010)

Form	990 (2019) TEACHING MATTERS, INC.			3770472		P	age 6
Pai	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 the	rough	7b below, an	d for a "l	Vo" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion 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	1a		13			
	If there are material differences in voting rights among members of the governing body, or if the governing			- 1			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			- 1			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other	J			
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?			5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or				
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or				
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	- 1			
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						
<u> </u>	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				l
40	Dilli and the second of the se			Г		Yes	No X
	Did the organization have local chapters, branches, or affiliates?		- 66'1' - 4	····· }	<u>10a</u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics and procedures governing the activities of such characteristics and procedures governing the activities of such characteristics.	apters	, affiliates,		401-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		a filipa tha fa		10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	belor	e illing the io	'''''	<u>11a</u>	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- 1	10-	х	
_	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			·····	IZD		
С		•			12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?			······	13	Х	
14					14	Х	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval			·····			
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	. Dy IIIC	aoportuerit				
а	The organization's CEO, Executive Director, or top management official			ŀ	15a	х	
b	Other officers or key employees of the organization				15b	Х	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			·····			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a				
	taxable entity during the year?			- 1	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			·····			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			- 1			
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶NY						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	T (Section 5	01(c)(3)s	only)	availa	ble
	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 Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	icy, and	finand	cial	
	statements available to the public during the tax year.		•	- 1			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records				
	CHRISTA M. BOGGIO, MBA - 212-870-3505						
	475 RIVERSIDE DRIVE, SUITE 1270, NEW YORK, NY 10115						

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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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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 directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	Suadu		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LYNETTE GUASTAFERRO	40.00		_	_						
CHIEF EXECUTIVE OFFICER				х				198,371.	0.	31,228.
(2) JANE CONDLIFFE	40.00									
DEPUTY DIRECTOR						х		167,072.	0.	35,025.
(3) MARIA GARCIA UNDERWOOD	40.00									
CEI DIRECTOR						Х		164,700.	0.	0.
(4) JENNIFER MURTHA	40.00									
CHIEF OPERATING OFFICER						х		146,033.	0.	30,256.
(5) LAMONICA WILLIAMS	40.00									
SR ED CONSULTANT/FIELD DIRECTOR ERM						Х		139,796.	0.	8,679.
(6) DEBORAH WOODS	35.00									
SR. EDUCATIONAL CONSULTANT						Х		122,069.	0.	15,677.
(7) OLGA VOTIS	5.00									
CHAIRWOMAN		Х		Х				0.	0.	0.
(8) JOSEPH LEWIS	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) JANET DEWART BELL	1.00									
FORMER BOARD MEMBER		Х						0.	0.	0.
(10) MICHAEL BIJAOUI	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) ALAN LESGOLD	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) LANCE LEENER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JULIE ENGERRAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) SONNY KALSI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) INGRID EDELMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) ED ADLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) DANA CREEL	3.00									
BOARD MEMBER		Х						0.	0.	0.
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Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)		,		C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		l than c	nne	Reportable	Reportable		Es	timate	ed
		hours per	box	, unles	ss pe	rson i	s both	an	compensation	compensation	1	an	nount	of
		week		cer an	la a a	recio	r/trust	.ee)	from	from related			other	
		(list any hours for	irecto						the	organizations (W-2/1099-MIS			pensa om th	
		related	eord	stee			sated		organization (W-2/1099-MISC)	(88-2/1099-18113)	ر)		anizat	-
		organizations	truste	al tru:		yee	эш рег		(** = *********************************				d relat	
		below	Individual trustee or director	Institutional trustee	Ja	Key employee	Highest compensated employee	ner				orga	anizati	ons
		line)	Indi	Insti	Officer	Key	High emp	Former						
(18)	DIONIS RODRIGUEZ	4.00												
	D MEMBER		Х						0.		0.			0.
	SUSAN FAXON	2.00	ļ											
	D MEMBER		Х						0.		0.			0.
	JACK TOPDJIAN	1.00												
BOAR	D MEMBER		Х						0.		0.			0.
			ł											
			ł											
1h	Subtotal		<u> </u>		<u> </u>				938,041.		0.		120	865.
	Subtotal Total from continuation sheets to Part VII								0.		0.		,	0.
	Total (add lines 1b and 1c)								938,041.		0.		120	865.
2	Total number of individuals (including but no							o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable				
_	compensation from the organization	or miniou to th	000		u u.	,,,,	,	0 10	, societa more triair pros,	ood of roportable				17
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	сеу е	empl	oye	e, or	hig	hest compensated emp	oyee on				
	line 1a? If "Yes," complete Schedule J for su	ıch individual										3		х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual			4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ıch ı	oers	on .					5		Х
Sect	tion B. Independent Contractors													
1	Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compe	ensat	tion fro	m	
	the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wit	thin	the organization's tax y	ear.				
	(A)								(B)		_	(C		
	Name and business								Description of s	ervices	C	ompe	nsatio	n
	NGELO & PARTNERS PUBLIC RELATIONS	•												
1010	AVENUE OF THE AMERICAS, SUITE 30	10,						_	PUBLIC RELATIONS				130,	219.
								\dashv						

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

					ATTERS,	INC.			13-377047	2 Page 9
Pa	rt \	VIII	Statement of Re	venue						
			Check if Schedule O	contains	a response	e or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total revenue		business revenue	
ts t	1	l a	Federated campaigns		1a					
, Grants mounts										
s, G Am		С	Fundraising events		. 1c	834,268.				
Gifts, ilar Ar		d	Related organizations		. 1d					
imi			Government grants (contr							
er S		f	All other contributions, gifts,							
Contributions, Giff and Other Similar			similar amounts not included			1,776,155.				
ont nd (_	Noncash contributions included in			50,251.	2 610 422			
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f				2,610,423.			
			PROGRAM SERVICE FEE	יפ		Business Code 900099	3,127,380.	3,127,380.		
/ice	2	2 a				300033	3,127,300.	3,127,300.		
ser√ iue		b								
m S ven		c d								
Program Service Revenue		e								
Pro			All other program service	revenue						
		a	Total. Add lines 2a-2f				3,127,380.			
	3	}	Investment income (include							
			other similar amounts)				179,899.			179,899.
	4	ŀ	Income from investment of							
	5	5	Royalties	· <u>·····</u>						
					(i) Real	(ii) Personal				
	6	a	Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6с						
	_		Net rental income or (loss)		Oiti	(ii) Other:				
	7	a	Gross amount from sales of		Securities					
		L	assets other than inventory	7a	200,000	•				
Ф		D	Less: cost or other basis	7b	192,679					
evenue		_	and sales expenses Gain or (loss)	7c	7,321					
eve!			Net gain or (loss)				7,321.			7,321.
Other R	8		Gross income from fundraising				,			,
G G		-	including \$	-						
			contributions reported on							
			Part IV, line 18	-	I .	a 24,625.				
		b	Less: direct expenses			b 79,267.				
		С	Net income or (loss) from	fundrais	ing events	▶	-54,642.			-54,642.
	9) a	Gross income from gamin		I .					
			Part IV, line 19							
			Less: direct expenses		_	b				
			Net income or (loss) from			>				
	10) a	Gross sales of inventory, I		I .					
			and allowances		I .					
			Less: cost of goods sold							
		С	Net income or (loss) from	sales of	iriventory	Business Code				
ns	44	l a	OTHER INCOME			900099	1,030.	1,030.		
neo	''	b	THE INCOME				2,230.			
Miscellaneous Revenue		C								
lisc			All other revenue							
Σ			Total. Add lines 11a-11d			I	1,030.			

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12 Total revenue. See instructions

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Part IX | Statement of Functional Expenses

Royalties

Occupancy

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

Other expenses. Itemize expenses not covered

TEMP HELP, RECRUIT.

FEES & SUBSC.

OTHER EXPENSES

All other expenses

Check here

11090706 152490 IYO03H

DUES

С d

25

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.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, 24,734 trustees, and key employees 240,480 202,464. 13,282. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,462,369. 3,756,942. 458,965. 246,462. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 90,679 76,344. 9,327 5,008. 420,014 353,617. 43,199 23,198. 9 Other employee benefits 395,050 332,599. 40,632 21,819. 10 Payroll taxes Fees for services (nonemployees): Management а 9,318 4,575. 3,875 868. Legal 50,000. 24,549 20,791. 4,660. Accounting Lobbying Professional fundraising services. See Part IV, line 17 17,768. 17,768 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 691,658 339,586 287,601 64,471. column (A) amount, list line 11g expenses on Sch O.) 29,694 28,875 532 287. Advertising and promotion 12 19,004. 140,660. 100,272 21,384 13 Office expenses 225,368 184,263 21,169 19,936. 14 Information technology

132,448

73,068.

23,875.

79,961

66,984

33,249.

7,182,643

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13,245.

13,634.

5,503.

2,227.

453,604.

15

16

17 18

19 20

21

22

23

24

66,224.

54,631.

79,961,

33,528.

26,116.

5,664,546

52,979

4,803.

23,875

27,953

1,064,493

4,906.

Form 990 (2019) Part X Balance Sheet

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,610,262.	1	4,914,61
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		2,077,490.	3	1,373,87	
	4	Accounts receivable, net		257,141.	4	104,02	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	hese per	sons		5	
	6	Loans and other receivables from other disqu	alified p				
		under section 4958(f)(1)), and persons describ		6			
, l	7	Notes and loans receivable, net	Ction 4956(C)(S)(B)		7		
Assets	8	Inventories for sale or use				8	
As	9	B			74,874.	9	20,41
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		728,906.			
	b	Less: accumulated depreciation			359.	10c	94,06
	11	Investments - publicly traded securities		5,615,281.	11	6,153,48	
	12	Investments - other securities. See Part IV, lin		6,154.	12	6,15	
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			12,641,561.	16	12,666,63
	17	Accounts payable and accrued expenses	205,019.	17	255,37		
	18	Grants payable		18			
	19	Deferred revenue	17,500.	19	98,35		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
, l	22	Loans and other payables to any current or fo					
<u> </u>		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
֡֡֡֞֞֡֡֞֞֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D			0.	25	808,000
	26	Total liabilities. Add lines 17 through 25			222,519.	26	1,161,73
		Organizations that follow FASB ASC 958, o	heck he	re 🕨 🗓			
se		and complete lines 27, 28, 32, and 33.					
au au	27	Net assets without donor restrictions			7,852,593.	27	8,023,94
ם ם	28	Net assets with donor restrictions	4,566,449.	28	3,480,96		
<u> </u>		Organizations that do not follow FASB ASC					
로		and complete lines 29 through 33.					
ָהַ פֿי	29	Capital stock or trust principal, or current fun	ds			29	
Sec	30	Paid-in or capital surplus, or land, building, or				30	
AS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			12,419,042.	32	11,504,90
-	33	Total liabilities and net assets/fund balances			12,641,561.	33	12,666,636

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IYO03H 1

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number TEACHING MATTERS, INC. 13-3770472 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	698,912.	3,771,625.	5,110,044.	2,666,067.	2,610,423.	14,857,071.
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	698,912.	3,771,625.	5,110,044.	2,666,067.	2,610,423.	14,857,071.
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)						2,022,388.
6	Public support. Subtract line 5 from line 4.						12,834,683.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	698,912.	3,771,625.	5,110,044.	2,666,067.	2,610,423.	14,857,071.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	135,358.	108,210.	109,821.	154,239.	179,899.	687,527.
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.)	621.	1,669.	2,694.	1,646.	1,030.	7,660.
11	Total support. Add lines 7 through 10					_	15,552,258.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	k year as a section	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li					14	82.53 %
15	Public support percentage from 2018					15	83.30 %
16a	33 1/3% support test - 2019. If the o			line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o	organization did not	t check a box on lir	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	ifies as a publicly s	upported organizat	ion			▶□
17a	10% -facts-and-circumstances test	- 2019. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the "fac-			-		-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	- 2018. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ	umstances" test. T	he organization qu	alifies as a publicl	y supported orgar	nization	▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box ar	nd see instructions	_

Schedule A (Form 990 or 990-EZ) 2019

Page 3

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	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	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.) ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	· ·		*	•	. , . , .	
<u></u>	check this box and stop here						>
	ction C. Computation of Publi		<u>_</u>	. (5)		T .= I	
	Public support percentage for 2019 (I					15	<u>%</u>
<u>16</u> Se	Public support percentage from 2018 ction D. Computation of Inves					16	%
				no 10 notimen (6)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from :					18	7 is not
198	a 33 1/3% support tests - 2019. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
_	line 18 is not more than 33 1/3%, che						>
·νn	Drivate foundation If the organization	in did not chack a	nov on line 14 10	a or 10h chock th	are how and can inc	etructions	

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Schedule A (Form 990 or 990-EZ) 2019

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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		
2		
За		
3b		
0.0		
3с		
- 55		
4a		
41-		
4b		
4c		
-10		
5a		
- Cu		
5b		
5c		
6		
-		
7		
8		
-		
9a		
- Ju		
9b		
9с		
_		
40-		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			-g
	- Supporting Organizations (continued)		Yes	No
11	Has the organization accounted a gift or contribution from any of the following persons?		163	NO
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а		110		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
000	ation B. Type i Supporting Organizations		V	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	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 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			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	١	
2	Activities Test. Answer (a) and (b) below.	uotiono,	Yes	No
а				
_	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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	• •			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	2.0		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

Sche	dule A (Form 990 or 990-EZ) 2019 TEACHING MATTERS, INC.			13-3770472 Pa	age 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in	Part VI). See instructio	ns. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	_	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	,
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrated	d Type III supporting org	anization (see	

Schedule A (Form 990 or 990-EZ) 2019

instructions).

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Part	¹t V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
Section	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T	Т	
Section	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
Ч	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS INCOME
2015 AMOUNT: \$ 621.
2016 AMOUNT: \$ 1,669.
2017 AMOUNT: \$ 2,694.
2018 AMOUNT: \$ 1,646.
2019 AMOUNT: \$ 1,030.

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 Open to Public Inspection

Name of the organization

TEACHING MATTERS, INC.

Employer identification number

13-3770472

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	•
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

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Schedule D (Form 990) 2019

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

Par	rt III Organizations Maintaining C	collections of Art	, Historical Tre	asures, or	Other S	Similar Ass	ets _{(contil}	nued)				
	Using the organization's acquisition, accessi						•					
	collection items (check all that apply):											
а	Public exhibition	d	Loan or excl	nange program	n							
b	Scholarly research e Other											
С	c Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5												
	to be sold to raise funds rather than to be ma						Yes		No			
Par	rt IV Escrow and Custodial Arran		te if the organization	n answered "Y	es" on Fo	orm 990, Part	IV, line 9, or					
	reported an amount on Form 990, Pa	rt X, line 21.										
1a	Is the organization an agent, trustee, custod		•					_	_			
	on Form 990, Part X?						Yes		No			
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:									
							Amoun	.t				
	3 3					1c						
	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
	Did the organization include an amount on F				•	?	Yes	<u> </u>	No			
	If "Yes," explain the arrangement in Part XIII.											
Par	rt V Endowment Funds. Complete											
		(a) Current year	(b) Prior year	(c) Two years) Three years b						
1a		5,316,449.	4,763,000.	2,540,		895,00			000.			
b	Contributions	1,851,966.	1,908,528.	3,908,	000.	3,083,16	50.	780,	000.			
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '								000			
	and programs	2,937,451.	1,355,079.	1,685,	159.	1,438,00)1.	416,	000.			
f		4 020 064	5 216 440	4 863	000	0 540 15	- 0		000			
g	End of year balance		5,316,449.		000.	2,540,15	9.	895,	000.			
2	Provide the estimated percentage of the cur	•) held as:								
a	Board designated or quasi-endowment	18.00	_%									
b	Permanent endowment	%										
С		•										
_	The percentages on lines 2a, 2b, and 2c sho	•										
За	Are there endowment funds not in the posse	ession of the organiza	tion that are held an	d administered	d for the o	organization						
	by:						(a, t)	Yes	No X			
	(i) Unrelated organizations						3a(i)		X			
	(ii) Related organizations											
	If "Yes" on line 3a(ii), are the related organiza						3b					
4 Par	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		vment tunas.									
. u.	Complete if the organization answere		Part IV line 11a S	00 Form 000 F	Dart V lin	o 10						
	Description of property	(a) Cost or of				umulated	(d) Boo	le volu				
	Description of property	basis (investm		I	` '	eciation	(u) 600	K valu	e			
1a	Land	- ` ` 		·								
b	Buildings											
С	Leasehold improvements			336,941.		242,879.		94,	062.			
d				368,391.		368,391.			0.			
е	Other			23,574.		23,574.			0.			
Total	II. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	K. column (B), line 10	Oc.)				94,	062.			
_	, , , , , , , , , , , , , , , , , , , ,											

Schedule D (Form 990) 2019

	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
•	al derivatives			
	held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Pait VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line (b) Book value		and of year market value
	(a) Description of investment	(D) DOOK Value	(c) Method of valuation: Cost or	enu-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)			+	
(6)				
(7)				
(8)				
(9)	h) would appeal Farms 000 Part V and (P) line 40)			
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
I dit ix	Complete if the organization answered "Yes"	on Form 000 Part IV line	11d Soo Form 900 Part V line 15	
		Description	Tru. See Form 990, Fart X, line 15.	(b) Book value
(1)	(4)	Bookipalon		(b) Book value
(2)				
(2)				
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	umn (h) must equal Form 990. Part Y. col. (R) line	2.15.)		>
(3) (4) (5) (6) (7) (8) (9) Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line Other Liabilities .	⊋ 15.)		>
(3) (4) (5) (6) (7) (8) (9) Total. (Colu	Other Liabilities.	•		25.
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colu) Part X		•		25. (b) Book value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colu) Part X	Other Liabilities. Complete if the organization answered "Yes"	•		
(3) (4) (5) (6) (7) (8) (9) Total. (Column Part X I. (1) Fed	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	•		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation (Columnat	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	•		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Colu) Part X 1. (1) Fed	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	•		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Fed (2) PPP (3) (4)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	•		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation (Columna	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	•		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation (Columna	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	•		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Columna	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	•		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Fed (2) PPP (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	•		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column of the column o	Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	on Form 990, Part IV, line		

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Schedule D (Form 990) 2019

Par	·		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		Г	6 222 225
1				1	6,330,005.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	207 205		
а	Net unrealized gains (losses) on investments		397,095.	_	
b	Donated services and use of facilities				
	Recoveries of prior year grants			_	
	Other (Describe in Part XIII.)	2d	79,267.		
е	Add lines 2a through 2d			2e	476,362.
3	Subtract line 2e from line 1			3	5,853,643.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		17,768.		
	Other (Describe in Part XIII.)	4b			45.560
С	Add lines 4a and 4b			4c	17,768.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,871,411.
Par	t XII Reconciliation of Expenses per Audited Financial Stat		xpenses per F	return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		Ι.Ι	7 244 142
1				1	7,244,142.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
	Donated services and use of facilities			-	
b	Prior year adjustments			-	
С	Other losses		TO 06T	-	
d	Other (Describe in Part XIII.)	2d	79,267.		TO 06T
е	Add lines 2a through 2d			2e	79,267.
3	Subtract line 2e from line 1			3	7,164,875.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		17,768.	_	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	17,768.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18., t XIII Supplemental Information.)		5	7,182,643.
	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 any	•		l; Part X, lii	ne 2; Part XI,
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			
PROG	RAMMATIC EXPANSION AND OTHER IDENTIFIED STRATEGIC INITIATI	VES.			
		- ·			
TEMP	ORARILY RESTRICTED NET ASSETS REPRESENT GRANTS RECEIVED, W	HICH ARE			
	ORARILY RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE. ON				
SPEC	IFIC PURPOSE HAS BEEN MET, THE FUNDS ARE RELEASED FROM RES	TRICTION AND			
ARE	REPORTED IN THE STATEMENT OF ACTIVITIES AS ASSETS RELEASED	FROM			
REST	RICTIONS.				
	XI, LINE 2D - OTHER ADJUSTMENTS:			Schedule	D (Form 990) 2019
932054	10-02-19			Scriedule	; レ (FUIIII 55U) ZU 18

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Name of the organization TEACHING MA	ATTERS, INC.					13-377047	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
required to complete this part Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr	tion of tion of fundra (includ	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of from activity				to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total 3 List all states in which the organization	n is registered or licensed to solicit c	ontribu	▶	or has been notified	it is e	exempt from reg	gistration
or licensing.							

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and great productions.				
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			ANNUAL LUNCHEON	(a a. a. b a. a.)	(Antalasanahaa)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	858,893.			858,893.
	2	Less: Contributions	834,268.			834,268.
	3	Gross income (line 1 minus line 2)	24,625.			24,625.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	59,442.			59,442.
	8	Entertainment Other direct expenses				19,825.
	10			ı	•	79,267.
	11	Net income summary. Subtract line 10 from li				-54,642.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	Γ	T	T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
æ	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	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)		>	
а	ls t	ter the state(s) in which the organization conducted organization licensed to conduct gaming action," explain:	ctivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
	_	D.11_10			Sobodula O /F-	rm 990 or 990-FZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 TEACHING MATTERS, INC.	13-3770472	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
		120	0.6
	The organization's facility		<u>%</u>
	o An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	t	
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	7		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
r	• 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 > \$	10	
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Dort III. lines 0	0h 10h
. u	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	u Part III, IIIIes 9, 5	90, 100,
_			
_			

Schedule G (Form 9	990 or 990-EZ)	TEACHING MATTERS,	INC.	13-3770472	Page 4
Part IV Supp	olemental Infor	TEACHING MATTERS, mation (continued)			
			<u> </u>	 	

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number TEACHING MATTERS, INC. 13-3770472 Part I Questions Regarding Compensation

			Yes	No
1 a	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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
				other deferred compensation	penents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) LYNETTE GUASTAFERRO	(i)	190,871.	7,500.	0.	11,902.	19,326.	229,599.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JANE CONDLIFFE	(i)	159,572.	7,500.	0.	15,036.	19,989.	202,097.	0.
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARIA GARCIA UNDERWOOD	(i)	163,170.	1,530.	0.	0.	0.	164,700.	0.
CEI DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER MURTHA	(i)	138,533.	7,500.	0.	8,762.	21,494.	176,289.	0.
CHIEF OPERATING OFFICER	(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)							
	(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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Employer identification number TEACHING MATTERS, INC. 13-3770472

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	1	50,251.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz		•				
	for which the organization completed Form 828	33, Part IV, L	Jonee Acknowledg	gement 29		1,,	Τ
00-	Desired the second of the seco			and and the Donat I. Borne of Albertain		Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date			•		20-	х
	exempt purposes for the entire holding period?					30a	
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	aliou that ra	auiros tha ravious	of any populandard contribut	iono?	31 X	
31		-	· · ·	•		31 X	\vdash
32a	Does the organization hire or use third parties contributions?			· ·		32a	х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2019

932142 09-27-19 Schedule M (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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	
1,500 SCHOOLS, 35,000 TEACHERS AND REACHED OVER 600,000 STUDENTS. THIS	
YEAR, ALL EDUCATORS HAD TO TRANSFORM NEARLY EVERYTHING THEY'VE KNOWN IN	
ORDER TO TEACH REMOTELY, AND SO DID TEACHING MATTERS. HOWEVER, DESPITE	
THE CHALLENGES PRESENTED BY OPERATING REMOTELY, WE WERE ABLE TO	
DIRECTLY COACH 1,651 EDUCATORS IN 129 SCHOOLS, REACHING 55,539 STUDENTS	
ACROSS ALL PROGRAM AREAS WHICH INCLUDE:	
EARLY READING MATTERS (ERM): TEACHING MATTERS' BLUEPRINT FOR DEEPENED	
TEACHER PROFESSIONAL LEARNING IN THE HIGH-IMPACT AREA OF EARLY READING.	
ERM PROVIDES COACHING FOR TEACHERS OF LITERACY K-2ND TO SUPPORT	h. d.d. 0 (F 000 - 000 FT) (60 (6)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	hedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization TEACHING MATTERS, INC.	Employer identification number 13-3770472
IMPROVEMENTS IN PEDAGOGY, CURRICULUM, ASSESSMENT, DATA ANALYSIS, AND	
PROFESSIONAL COLLABORATION BASED ON THE UNIQUE CONTEXT AND NEEDS OF THE	
SCHOOL. IT HAS BOTH REMOTE AND ON-SITE COMPONENTS, AND IS PARTICULARLY	
WELL-SUITED TO THE NEEDS OF SCHOOLS, TEACHERS, AND STUDENTS IN THE	
COVID-IMPACTED ENVIRONMENT.	
NETWORK OF 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) 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 WITH 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.	
ELEVATING VOICES: BRINGS STUDENTS TOGETHER THROUGH BOOKS WRITTEN BY	
AUTHORS OF COLOR TO SPOTLIGHT THE LIVED EXPERIENCES OF CHILDREN OF	
COLOR. BOTH THE TEACHER AND STUDENT-FACING CONTENT ARE MEANT TO	
"ELEVATE" THE VOICES OF HISTORICALLY MARGINALIZED PEOPLE TO MAKE THEIR	
EXPERIENCES VISIBLE AND THEIR VOICES HEARD THROUGH VARIOUS READINGS AND	
ACTIVITIES. THE CONTENT SPANS FROM ELEMENTARY TO SECONDARY LEVELS AND	_
IS INTENDED TO FOSTER ENGAGING REMOTE INSTRUCTION AND SUPPORT TEACHERS	
WITH BLENDED TEACHING. ELEVATING VOICES ADDRESSES SOCIAL ISSUES OF RACE	
AND RACISM AND ENCOURAGES TEACHERS TO BUILD SOCIAL JUSTICE-ORIENTED ACTION INTO THEIR INSTRUCTION. IT IS STRUCTURED TO HELP TEACHERS HAVE	
DIFFICULT RACE CONVERSATIONS AND USE PROTOCOLS THAT ARE BOTH CULTURALLY	
RESPONSIVE AND FOSTER ANTI-RACIST EDUCATION.	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organizationTEACHING MATTERS, INC.	Employer identification number 13-3770472
@SCHOOLANYTIME: CULTURALLY RESPONSIVE TEACHING FOR THE BLENDED	
CLASSROOM: A VIRTUAL PROFESSIONAL DEVELOPMENT PLATFORM THAT PROVIDES	
SCHOOL LEADERS, COACHES, AND TEACHER LEADERS DIGITAL ASSETS SUCH AS	
ONLINE MINI-COURSES, STUDENT-FACING MATERIALS, PD VIDEOS, WEBINARS AND	
TOOLS/RESOURCES FOR SUPPORTING TEACHERS TO IMPLEMENT CULTURALLY	
RESPONSIVE INSTRUCTION. THROUGH A PARTNERSHIP WITH THE FUND FOR PUBLIC	
SCHOOLS AND NYC DOE, 15 SCHOOL-BASED SITES WILL UTILIZE @SCHOOLANTYIME	
AS THEIR PD PLATFORM FOR APPROXIMATELY 300 TEACHERS. TEACHER LEADERS	
WILL ALSO RECEIVE ONE-ON-ONE COACHING FROM A TEACHING MATTERS	
CONSULTANT TO BUILD THE CAPACITY OF SCHOOL-BASED LEADERSHIP TO	
FACILITATE PROFESSIONAL LEARNING FOR TEACHERS BASED ON CULTURALLY	
RESPONSIVE PRACTICES.	
LITERACY MATTERS, MATH MATTERS AND WRITING MATTERS FOCUS ON	
CONTENT-BASED COACHING THAT CAN BE DIRECTLY APPLIED TO THE CLASSROOM.	
THESE SERVICES ADVANCE K-12 MATH AND LITERACY TEACHER INSTRUCTION AS	
WELL AS STUDENT PERFORMANCE IN ACCORDANCE WITH COMMON CORE STANDARDS.	
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.	