Form JJU	Form	990
-----------------	------	-----

EXTENDED TO JULY 15, 2022

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

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

Department of the Treasury Internal Revenue Service

Τ.

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

OMB No. 1545-0047

Α	For th	e 2020 calendar year, or tax year beginning SEP 1, 2020 and e	ending At	JG 31, 2021		
	Check if applicab	e: C Name of organization		D Employer identifi	cation number	
	Addre	TEACHING MATTERS, INC.				
	Name		13-3770472			
	Initial returr		Room/suite	E Telephone numbe	r	
	Final returr		600	212-870-3571		
	termi ated			G Gross receipts \$	15,025,369.	
	Amer returr	ded NEW YORK NY 10115		H(a) Is this a group re	eturn	
	Appli tion	F Name and address of principal officer: 005EFF C. DEWIS		for subordinates	s? Yes 🗴 No	
	pend	^{ng} same as c above		H(b) Are all subordinates ir	ncluded? Yes No	
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions	
		te: WWW.TEACHINGMATTERS.ORG		H(c) Group exemptio	n number 🕨	
		f organization: 🗴 Corporation Trust Association Other 🕨	L Year	of formation: 1994	VI State of legal domicile: DE	
Р	art I	Summary				
đ	1	Briefly describe the organization's mission or most significant activities: OUR MIS	SSION IS	TO CLOSE THE		
oue Cue		OPPORTUNITY GAP OF A RADICALLY UNEQUAL EDUCATION SYSTEM FOR				
Governance	2	Check this box I if the organization discontinued its operations or dispose			1	
	3			3	12	
		Number of independent voting members of the governing body (Part VI, line 1b)		12		
e o	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		64		
iti	6	Total number of volunteers (estimate if necessary)		6	12	
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.	
				Prior Year	Current Year	
đ	8	Contributions and grants (Part VIII, line 1h)		2,610,423.	10,869,362.	
lue.	9			3,127,380.	3,121,511.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		187,220.	· · · · ·	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-53,612.	-27,846.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,871,411.	14,154,579.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		5,608,592.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,008,592.	5,892,721.	
Exnenses	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ŝ		Total fundraising expenses (Part IX, column (D), line 25)		1,574,051.	1 772 072	
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,182,643.	1,772,072. 7,664,793.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			, ,	
	19 2	Revenue less expenses. Subtract line 18 from line 12		-1,311,232.		
Net Assets or		Tatal acosts (Dart V. line 10)		ginning of Current Year 12,666,636.	End of Year 19,609,038.	
Sse	20 21	Total assets (Part X, line 16)		1,161,731.	415,658.	
let A	21	Total liabilities (Part X, line 26)		11,504,905.	19,193,380.	
	<u> 22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		11,004,905.	1 19,193,300.	
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ints and to the best of m	knowledge and belief it is	
	ασι μυΠ	and or portary, recoluto that r have examined the return, including according any other and other an	and otheorite	mo, and to the boot of III)	r momougo unu bonon, it lo	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date					
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	ALEXANDER LAZZARUOLO	Alexander Lazzaruolo	7/14/2022	self-employed P0177535	3			
Preparer				s EIN 🕨 13-3628255	i			
Use Only	Use Only Firm's address S ONE BATTERY PARK PLAZA, 7TH FL.							
	NEW YORK, NY 10004 Phone no.212-66							
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes	No			
032001 12-2	2001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2020) TEACHING MATTERS, INC.	13-3770472	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part	III	X
1	Briefly describe the organization's mission:		
	TEACHING MATTERS IS A NATIONAL PROFESSIONAL LEARNING ORGA		
	DEDICATED TO INCREASING TEACHER EFFECTIVENESS, A CRITICAL		
	STUDENT SUCCESS. FROM STATES AND DISTRICTS TO SCHOOLS AND WE PARTNER TO HELP TEACHERS AND SCHOOL LEADERS DEVELOP TH	· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year		
2			Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	······	
3	Did the organization cease conducting, or make significant changes in how it	conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its t	hree largest program services, as measured by expe	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amoun	t of grants and allocations to others, the total expens	es, and
	revenue, if any, for each program service reported.		
4a) (Revenue \$	3,128,665.)
	SCHOOL-BASED LEADERSHIP AND INSTRUCTIONAL SUPPORT: SEE SC	HEDULE O.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		, (,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 6,039,256.		000 (225)
		F	orm 990 (2020)
032002	02 12-23-20 3		
	5		

2020.06000 TEACHING MATTERS, INC. IYO03H_1

Form	aan	(2020)
FUIII	990	(2020)

TEACHING MATTERS, INC. Part IV Checklist of Bequired Schedules

T a	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)?		77	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L.		
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's separate of consolidated infancial statements for the tax year include a fouritie that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		x
20-	complete Schedule G, Part III	19		X
20a b	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x

032003 12-23-20

17520714 152490 IYO03H

4 2020.06000 TEACHING MATTERS, INC.

Form 990 (2020)

IYO03H_1

Form	990	(2020)
FUIIII	990	(2020)

TEACHING MATTERS, INC.

Pa	t IV Checklist of Required Schedules (continued)			ugo -
	Continuedy		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
22		00		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
	Schedule J	23	X	
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			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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%			1
	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,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
		27		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
57		37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	x	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	l
ı a	Chaoly if School up O contains a reasonable or note to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 33	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
032004	- 12-23-20 —	Form	990	(2020)
	E E			

17520714 152490 IYO03H

2020.06000 TEACHING MATTERS, INC.

IYO03H_1

Page 4

13 - 3770472

Form	990 (2020) TEACHING MATTERS, INC. 13-37704	72	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 64	L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Голи	. 990	(0000)

Form **990** (2020)

032005 12-23-20

	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			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 1a1	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
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?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
		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 arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Ser	tion C. Disclosure	•		
200	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright^{NY}			
		3)s only)	availa	ble
17	-3 ection of 04 requires an organization to make its forms to 23 (1024 or 1024 A. II applicable). 990, and 990 (13) ection 30 (10)			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	,,e eniy)		
17	for public inspection. Indicate how you made these available. Check all that apply.	, o only		
17 18	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)		cial	
17 18	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the organization made its governing documents. Image: Check and the organization made its governing documents.		cial	
17 18 19	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Y Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year.		cial	
17 18	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 		cial	
17 18 19	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Y Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year.		cial	

Form 990 (2	020) TEACHING MATTERS, INC.	13-3770472	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
·······	Employees, and Independent Contractors					
	Check if Schedule O contains a response or note to any line in this Part VII					
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					
1a Comple	e this table for all persons required to be listed. Report compensation for the calendar year ending wi	h or within the organization	ı's tax year.			
 List al 	of the organization's current officers, directors, trustees (whether individuals or organizations), regar	dless of amount of comper	nsation.			

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

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

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus [.] I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		voldu	t con /ee	_			and related 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				200,451.	0.	33,765.
(2) JANE CONDLIFFE	40.00									
DEPUTY DIRECTOR						Х		161,142.	0.	29,803.
(3) JENNIFER MURTHA	40.00									
CHIEF OPERATING OFFICER						Х		150,996.	٥.	9,060.
(4) MARIA GARCIA UNDERWOOD	40.00									
CEI DIRECTOR						х		136,309.	0.	17,476.
(5) JACOBE BELL	40.00									
NSI NETWORK LEADER						X		139,802.	0.	0.
(6) WILLIAM HELLER	35.00									
SR EDUCATIONAL COACH						Х		135,082.	٥.	0.
(7) OLGA VOTIS	4.00									
CHAIRMAN		Х		Х				0.	0.	0.
(8) INGRID EDELMAN	1.00									
VICE CHAIR		Х		Х				0.	٥.	0.
(9) SONNY KALSI	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(10) JOSEPH LEWIS	2.00									
TREASURER		Х		Х				0.	٥.	0.
(11) DIONIS RODRIGUEZ	5.00									
BOARD MEMBER		Х						0.	٥.	0.
(12) MICHAEL BIJAOUI	2.00									
BOARD MEMBER		Х						0.	٥.	0.
(13) ALAN LESGOLD	2.00									
BOARD MEMBER		Х						0.	٥.	0.
(14) ADAM HOPKINS	1.00									
BOARD MEMBER		Х						0.	٥.	0.
(15) JULIE ENGERRAN	2.00									
BOARD MEMBER		Х						0.	٥.	0.
(16) DANA CREEL	3.00									
BOARD MEMBER		х						0.	0.	0.
(17) SUSAN FAXON	2.00									
BOARD MEMBER		х						0.	0.	0.
032007 12 23 20										Form 990 (2020)

8

032007 12-23-20

Form 990 (2020)

	ING MATTERS, INC.								13-37	7047	2	Р	age 8
Part VII Section A. Officers, Direct		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box offic	not c , unles	ss per	ition more son is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n 1	an	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org an	pensa om th anizat d relat anizati	ie tion ted
(18) JACK TOPDJIAN	1.00												
BOARD MEMBER		х						0.		0.			0.
		-											
1b Subtotal	I							923,782.		0.		90,	104.
c Total from continuation sheets t	o Part VII, Section A							0.		0. 0.			
 d Total (add lines 1b and 1c) 2 Total number of individuals (include) 							► o re	923,782. eceived more than \$100.	000 of reportable			90,	104.
compensation from the organizati						,							6
												Yes	No
3 Did the organization list any form											3		x
line 1a? <i>If</i> "Yes," <i>complete Sched</i> 4 For any individual listed on line 1a											5		
and related organizations greater											4	Х	
5 Did any person listed on line 1a re											_		v
rendered to the organization? <i>If</i> " Section B. Independent Contractors	<u>Yes," complete Schedul</u>	e J fo	or si	ich r	bers	on .		<u></u>			5		X
Complete this table for your five h the organization. Report compense										pensat	tion fro	om	
Name and	(A) business address	NO	NE					(B) Description of s	ervices	С)(compe		n
•									ore than				
\$100,000 of compensation from t	ne organization 🕨				(J							

032008 12-23-20

		_								_
		Check if Schedule O c	contai	ns a respo	onse	or note to any line	in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 3
'n	1 a	Federated campaigns		1a						
un		Membership dues								
		Fundraising events				267,777.				
I		Related organizations								
		Government grants (contri				808,000.				
0		All other contributions, gifts,								
e		similar amounts not included				9,793,585.				
2	g	Noncash contributions included in I	lines 1a	-1f 1g	\$	65,588.				
anc	h	Total. Add lines 1a-1f				►	10,869,362.			
						Business Code				
	2 a	PROGRAM SERVICE FEE	S			900099	3,121,511.	3,121,511.		
	b									
Inde	с									
Revenue	d									
Ē	е									
	f	All other program service	reven	ue						
	g	Total. Add lines 2a-2f				►	3,121,511.			
	3	Investment income (includ								
		other similar amounts)			►	125,964.			125,9	
	4	Income from investment o	of tax-	exempt bo	ond p	roceeds 🕨 🕨				
	5	Royalties	. <u></u>			►				
				(i) Rea	վ	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (loss))			🕨				
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a	901,	378.					
	b	Less: cost or other basis								
		and sales expenses	7b	835,						
	С	Gain or (loss)	7c	65,	588.					
		Net gain or (loss)				····· ►	65,588.			65,5
	8 a	Gross income from fundraisir								
		including \$2								
		contributions reported on								
		Part IV, line 18				0.				
		Less: direct expenses			8b	35,000.	25.000			25.0
		Net income or (loss) from t				🕨	-35,000.			-35,0
	9 a	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
.		Net income or (loss) from			s	▶				
1	iu a	Gross sales of inventory, le			1					
		and allowances								
		Less: cost of goods sold			10b					
+	С	Net income or (loss) from	sales	or invento	ory					
	I -I	OTHER INCOME				Business Code 900099	7,154.	7,154.		
Hevenue	-					300033	7,154.	/,104.		
ven	b					├				
e	c					├				
		All other revenue					7,154.			
<u> </u>		Total. Add lines 11a 11d				🕨		2 100 665	0	150 5
-	2	Total revenue. See instructio	uns .			🕨	14,154,579.	3,128,665.	0.	156,5

TEACHING MATTERS, INC.

13 - 3770472Page 10

ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) (B)	(C)	(D)
		Program service expenses	Management and general expenses	Fundraising 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				
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,				
trustees, and key employees	307,553.	246,227.	43,734.	17,592
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	4,586,809.	3,672,199.	652,244.	262,366
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	139,338.	111,554.	19,814.	7,970
Other employee benefits	445,018.	356,281.	63,282.	25,455
	414,003.	331,451.	58,871.	23,681
Management				
	14,669.	10,118.	3,564.	987
	42,700.	29,453.	10,374.	2,873
Investment management fees	20,038.		20,038.	
	834,293.	575,464.	202,689.	56,140
	178,997.	178,997.		
	92,030.	66,239.	16,833.	8,958
	163,206.	130,663.	23,208.	9,335
	134,829.	107,944.	19,173.	7,712
Travel				
Conferences, conventions, and meetings	50,645.	45,430.	3,805.	1,410
	23,516.		23,516.	
. Г				
above (List miscellaneous expenses on line 24e. If				
	83,263.	66,488.	12,025.	4,750
TEMP HELP, RECRUIT.	,	,	, .	/
			20,702.	2,436
	, -	, .	, .	/
All other expenses				
· · · · · · · · · · · · · · · · · · ·	7 664 793	6 039 256	1 193 872.	431,665
	.,		_,,,	101,000
	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, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses on Sch 0.) OTHER EXPENSES TEMP HELP, RECRUIT. DUES, FEES & SUBSC. All other expenses 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. Check here in if following SOP 98-2 (ASC 958-720) 12-23-20	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 414,003. Fees for services (nonemployees): Management Legal 14, 669. Accounting Lebying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 0178, 997. Office expenses 92, 030. Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Detreciation, depletion, and amortization Insurance Other expenses. TEMP HELP, RECRUIT. DES, FEES & SUBSC. All other expenses. All other expenses. Total functional expenses. Add lines 1 through 24e 7, 664, 793. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if rollowing SOP 98-2 (ASC 958-720)	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(h(1)) and persons described in direction 4058(h(1)) and person described in dir	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16

11

2020.06000 TEACHING MATTERS, INC.

Form 990 (
Part X	Ba	ance Sheet

TEACHING MATTERS, INC.

13-3770472 Page **11**

Check if Schedule O contains a response or no	te to any lir	ne in this Part X					
			(A) Beginning of year		(B) End of year		
1 Cash - non-interest-bearing			4,914,614.	1	5,665,965.		
2 Savings and temporary cash investments				2			
3 Pledges and grants receivable, net			1,373,877.	3	6,117,995.		
4 Accounts receivable, net			104,025.	4	170,180.		
5 Loans and other receivables from any current of							
trustee, key employee, creator or founder, subs	tantial cont	tributor, or 35%					
controlled entity or family member of any of the	se persons	;L		5			
6 Loans and other receivables from other disqual	ified persor	ns (as defined					
under section 4958(f)(1)), and persons describe	d in sectior	n 4958(c)(3)(B)		6			
7 Notes and loans receivable, net	Notes and loans receivable, net						
8 Inventories for sale or use				8			
• • • • • • • •			20,415.	9	59,072.		
10a Land, buildings, and equipment: cost or other							
basis. Complete Part VI of Schedule D	10a	728,906.					
b Less: accumulated depreciation	10b	658,360.	94,062.	10c	70,546.		
11 Investments - publicly traded securities	Investments - publicly traded securities						
12 Investments - other securities. See Part IV, line	6,154.	12	6,154.				
13 Investments - program-related. See Part IV, line	Γ		13				
	Intangible assets						
15 Other assets. See Part IV, line 11				15			
16 Total assets. Add lines 1 through 15 (must equ			12,666,636.	16	19,609,038.		
17 Accounts payable and accrued expenses			255,375.	17	133,993.		
18 Grants payable		18					
19 Deferred revenue	98,356.	19	281,665.				
	Tax-exempt bond liabilities						
21 Escrow or custodial account liability. Complete		21					
22 Loans and other payables to any current or forr							
trustee, key employee, creator or founder, subs							
controlled entity or family member of any of the				22			
23 Secured mortgages and notes payable to unrel				23			
24 Unsecured notes and loans payable to unrelate				24			
25 Other liabilities (including federal income tax, pa							
parties, and other liabilities not included on line							
of Schedule D	,		808,000.	25	٥.		
26 Total liabilities. Add lines 17 through 25		Γ	1,161,731.	26	415,658.		
Organizations that follow FASB ASC 958, ch	eck here	X					
and complete lines 27, 28, 32, and 33.							
			8,023,941.	27	9,422,209.		
28 Net assets with donor restrictions			3,480,964.	28	9,771,171.		
Organizations that do not follow FASB ASC 9							
and complete lines 29 through 33.	-						
29 Capital stock or trust principal, or current funds	;			29			
30 Paid-in or capital surplus, or land, building, or e			30				
			11,504,905.		19,193,380.		
32 Total net a	ssets or fund balances	ssets or fund balances	arnings, endowment, accumulated income, or other funds ssets or fund balances ties and net assets/fund balances	ssets or fund balances 11,504,905.	ssets or fund balances 11,504,905. 32		

Form 990 (2020)

032011 12-23-20

Form	1990 (2020) TEACHING MATTERS, INC.	13-377047	2	Pa	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,	154,	579.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,	664,	793.		
3	Revenue less expenses. Subtract line 2 from line 1	3	6,	489,	786.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5	1,	198,	689.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	19,	193,	380.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			_		
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L		

Form **990** (2020)

SCI	IED	ULE	Α
-----	-----	-----	---

Department of the Treasury

(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.

OMB No. 1545-0047
2020
Open to Public

Internal Revent	ue Service	Go to www.irs.gov	//Form990 for instructio	ons and th	ne latest ir	formation.		Inspe	ection	
Name of th	he organization						Employer	identificat	ion number	
		ING MATTERS, INC						13-37704	72	
Part I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.			
The organi	zation is not a private found	lation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)					
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1)(A)(i).				
2	A school described in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).				
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospita	l's name,	
	city, and state:									
5	An organization operated f	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in		
	section 170(b)(1)(A)(iv). (0	Complete Part II.)								
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7 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). (C	Complete Part II.)								
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)						
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	land-grant	college		
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the I	name, city	and state of	the college	or		
	university:		(, , , , , , , , , , , , , , , , , , ,				0			
	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	is. membersh	ip fees, and	d aross rece	eipts from	
	activities related to its exer	•					-	-	-	
	income and unrelated busi		•	.,			••	°		
	See section 509(a)(2). (Co									
	An organization organized		velv to test for public sat	etv. See	section 50)9(a)(4).				
	An organization organized	-	•	•			rrv out the	purposes of	f one or	
	more publicly supported or	-	-	-			•			
	lines 12a through 12d that	-								
a	Type I. A supporting org	•••			-		-	aivina		
	the supported organizati		-	•	-					
	organization. You must							1-1		
b	Type II. A supporting org	-		ion with its	s supporte	d organizatio	n(s), by hay	ina		
	control or management of					•		-		
	organization(s). You mus						5 - -			
c	Type III functionally inte	-		in connect	tion with, a	nd functional	llv integrate	d with.		
-	its supported organizatio						,	u,		
d	Type III non-functionally						ted organiz	ration(s)		
u	that is not functionally in						•	. ,		
	requirement (see instruct			-		-		011000		
e	Check this box if the org						II. Type III			
•	functionally integrated, o					19001, 1900	n, rype n			
f Ente	r the number of supported	organizationa	, , , , , , , , , , , , , , , , , , , ,	ig organiz	ation.					
	ide the following informatio	•	d organization(s)					L		
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount o	f monetary	(vi) Amou	int of other	
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see	e instructions)	
				L						
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 TEACHING MATTERS, INC.

Part II

13-3770472

70472 Page **2**

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,771,625.	5,110,044.	2,666,067.	2,610,423.	10,869,362.	25,027,521.
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	2 771 625	F 110 044	2 666 967	2 (10 422	10 000 202	25 027 521
	Total. Add lines 1 through 3	3,771,625.	5,110,044.	2,666,067.	2,610,423.	10,869,362.	25,027,521.
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,						0 504 007
~	column (f)						9,594,097.
	Public support. Subtract line 5 from line 4. ction B. Total Support						15,433,424.
		(-) 0010	(1-) 0017	(-) 0010	(-1) 0010	(-) 0000	
	ndar year (or fiscal year beginning in)	(a) 2016 3,771,625.	(b) 2017 5,110,044.	(c) 2018 2,666,067.	(d) 2019 2,610,423.	(e) 2020 10,869,362.	(f) Total 25,027,521.
	Amounts from line 4	5,771,025.	5,110,044.	2,000,007.	2,010,425.	10,005,502.	25,027,521.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	108,210.	109,821.	154,239.	179,899.	125,964.	678,133.
•	and income from similar sources	100,210.	109,021.	154,259.	119,099.	123,904.	070,133.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1,669.	2,694.	1,646.	1,030.	7,154.	14,193.
	assets (Explain in Part VI.) Total support. Add lines 7 through 10	1,005.	1,051.	1,010.	1,000.	,,101.	25,719,847.
	Gross receipts from related activities,	oto (coo instructio	nc)			12	
	First 5 years. If the Form 990 is for th	,	,	ourth or fifth tax v		I	
10	organization, check this box and stop	•					
Se	ction C. Computation of Publi						
	Public support percentage for 2020 (I			olumn (f))		14	60.01 %
	Public support percentage from 2019		•			15	82.53 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2019. If the c		•				
	and stop here. The organization qual					·····	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-	0	
b	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
<u>1</u> 8	Private foundation. If the organizatio		•				
						dule A (Form 990	

032022 01-25-21

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

13-3770472 Page **3**

(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.)

Section A. Public Support				_		
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	, 	1		-1		
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
Section C. Computation of Publi		•				
15 Public support percentage for 2020 (I			column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves					1 1	
17 Investment income percentage for 20			ine 13, column (f))		17	%
18 Investment income percentage from						%
19a 33 1/3% support tests - 2020. If the						ne 17 is not
more than 33 1/3%, check this box at						▶∟
b 33 1/3% support tests - 2019. If the	-					
line 18 is not more than 33 1/3%, che						ion
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	va, or 190, check t			
032023 01-25-21		16	5	Sch	iedule A (Form	990 or 990-EZ) 2020

2020.06000 TEACHING MATTERS, INC.

Part IV Supporting Organizations

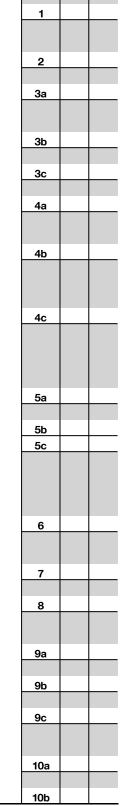
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

032024 01-25-21



13-3770472 Page **4**

Yes No

Schedule A (Form 990 or 990-EZ) 2020

2020.06000 TEACHING MATTERS, INC. I

Part IV Supporting Organizations (continued)

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If</i> the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.		

supervised or controlled the supporting organization

Section C. Type II Supporting Organizations	

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).*

Section 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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity	Describe in Part VI how you supported a governmental entit	y (see instruction <u>s</u>	s).
---	--	--	---	-----------------------------	-----

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

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

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

17520714 152490 IYO03H

2020.06000 TEACHING MATTERS, INC.

Yes No

Schedule A (Form 990 or 990 EZ) 2020 TEACHING MATTERS, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
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-functiona	ally integrated	Type III supporting orga	inization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Par	t v Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	mzations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

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:

2016 AMOUNT: \$ 1,669.	
2017 AMOUNT: \$ 2,694.	
2018 AMOUNT: \$ 1,646.	
2019 AMOUNT: \$ 1,030.	
2020 AMOUNT: \$ 7,154.	
032028 01-25-21	Schedule A (Form 990 or 990-EZ) 2020 21

)

Department of the Treasury Internal Revenue Service Name of the organization

(Form	990)
-------	------

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



Employer identification number

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

	TEACHING MATTERS, INC.			13-3770472
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Sim	ilar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised fi	unds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held i	n donor advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?		· ·	
Par		ganization answered "Yes" o	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a histo	prically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contributio	on in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	T 1 1 1 1			2a
b				2b
с	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register	,		2d
3	Number of conservation easements modified, transferred, rel			
	year ►	3	, ,	3
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		, handling of	
-	violations, and enforcement of the conservation easements it	la a la la O	,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
-	•	······································		······································
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfor	cing conservation eas	sements during the year
	► \$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements o	f section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
•	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	iere te trie erganization e int		
Par		Art, Historical Treas	ures, or Other S	imilar 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	8. not to report in its revenu	e statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put	•		
	service, provide in Part XIII the text of the footnote to its finar	, , ,		
b	If the organization elected, as permitted under FASB ASC 95			e 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			▶ \$
2	If the organization received or held works of art, historical tre			
-	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020
	12-01-20			
502001		26		

4	b						
^		~	~	~	~	~	_

Sche		ATTERS, INC.				13-377		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar	Assets	contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant us	se of its		,	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes" o	on Form 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contribution	s or other assets no	t included				
	on Form 990, Part X?					🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fe						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part XI	II]
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ears back	(e) Fou	years	back
1a	Beginning of year balance	4,230,964.	5,316,449.	4,763,000	-	0,159.		895,	000.
b	Contributions	9,523,532.	1,851,966.	1,908,528	. 3,90	8,000.	3	083,	160.
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	3,233,325.	2,937,451.	1,355,079	. 1,68	5,159.	1	438,	001.
f	Administrative expenses								
g	End of year balance	10,521,171.	4,230,964.	5,316,449	. 4,76	3,000.	2	540,	159.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	7.1300	_%						
b	Permanent endowment	%							
с	Term endowment 92.8700	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered for	the organizat	tion			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot	• • •		Accumulated	b	(d) Boo	k valu	е
		basis (investm	ient) basis	(other) c	depreciation				
1a	Land								
b	Buildings								
С	Leasehold improvements			336,941.	266,3			70,	546.
d	Equipment			368,391.	368,3				0.
	Other			23,574.	23,5	74.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(<u>, column (B), line 1</u>	0c.)					546.
					S	Schedule	D (Forn	n 990)	2020

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1. (1) Federal income taxes (2)(3) (4) (5) (6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 TEACHING MATTERS, INC.			13-377	0472 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	15,368,230.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,198,689.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		35,000.		
е	Add lines 2a through 2d			2e	1,233,689.
3	Subtract line 2e from line 1			3	14,134,541.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,038.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	20,038.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	14,154,579.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	7,679,755.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	35,000.		
е	Add lines 2a through 2d			2e	35,000.
3	Subtract line 2e from line 1			3	7,644,755.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20,038.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	20,038.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,664,793.
Pa	t XIII Supplemental Information.				
Drové	do the descriptions required for Part II, lines 3, 5, and 0; Part III, lines 1, and 4; E	Part IV lines 1h a	nd 2h: Dort V line 4	Dort V lin	a 2. Dort VI

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

29

PART V, LINE 4:

THE BOARD IN AGREEMENT WITH MANAGEMENT SET ASIDE A RESERVE OF \$1,000,000

(BOARD-DESIGNATED) TO BE UTILIZED TO FUND SHORT-TERM AND MEDIUM-TERM

PROGRAMMATIC EXPANSION AND OTHER IDENTIFIED STRATEGIC INITIATIVES.

TEMPORARILY RESTRICTED NET ASSETS REPRESENT GRANTS RECEIVED, WHICH ARE

TEMPORARILY RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE. ONCE THAT

SPECIFIC PURPOSE HAS BEEN MET, THE FUNDS ARE RELEASED FROM RESTRICTION AND

ARE REPORTED IN THE STATEMENT OF ACTIVITIES AS ASSETS RELEASED FROM

RESTRICTIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

032054 12-01-20

Schedule D (Form 990) 2020 TEACHING MATTERS, INC. Part XIII Supplemental Information (continued)		13-3770472	Page 5
Part XIII Supplemental Information (continued)			
FUNDRAISING EVENT	35,000.		
	, , ,		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
FUNDRAISING EVENT	35,000.		
		-	
032055 12-01-20		Schedule D (Form	n 990) 2020
30			

30 2020.06000 TEACHING MATTERS, INC. IYO03H_1

SCHEDULE G	Suppleme	ental Information Regardin	g Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" o organization entered more than a	6 1 5,000 d	on For	m 990-EZ, line 6a.	or 19,	or if the	2020
Department of the Treasury Internal Revenue Service	► Gr	► Attach to Form 99 to www.irs.gov/Form990 for ins				on.		Open to Public Inspection
Name of the organization				5 4114	the latest mornat	011.	Employer ide	ntification number
		ATTERS, INC.					13-377047	
	complete this part	Complete if the organization answ t.	wered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 a Ail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations dicitations on have a written c red in Form 990, P) highest paid indiv	s f ☐ Solici g ☐ Spec or oral agreement with any individu art VII) or entity in connection with viduals or entities (fundraisers) pure	tation of tation of ial fundra al (includ professio	non-g gover iising ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	aiser Jstody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
			_					
			_					
Tatal				•				
Total 3 List all states in whore the states in whote the states in	ich the organizatio	on is registered or licensed to solici	t contrib	utions	or has been notified	it is o	exempt from re	gistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Forn	n 990 or :	990-E	Z. S	Sche	dule G (Form 9	90 or 990-EZ) 2020

032081 11-25-20

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			ANNUAL LUNCHEON			col. (c)
۵.			(event type)	(event type)	(total number)	
nue						
Revenue	1	Gross receipts	267,777.			267,777.
щ						
	2	Less: Contributions	267,777.			267,777.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Se						
ense	6	Rent/facility costs				
Direct Expenses	-	,				
ш К	7	Food and beverages				
irec	'					
	8	Entertainment				
	9	Other direct expenses	35,000.			35,000.
	9 10	Direct expense summary. Add lines 4 through				35,000.
		Net income summary. Subtract line 10 from lin	()			-35,000.
Pa	rt I	II Gaming. Complete if the organization a				33,000.
		\$15,000 on Form 990-EZ, line 6a.		330, 1 art 10, inte 13, of 1	eponed more than	
		\$10,000 011 0111 000 EZ, inte oa.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				2go, progressite 2go		
Вe		0				
	1	Gross revenue				
	~	Orach aviena				
es	Z	Cash prizes				
Expenses	~	Newselland				
т Кр	3	Noncash prizes				
ŝct l						
Direct	4	Rent/facility costs				
-	_					
	5	Other direct expenses				
			Yes%	└── Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	vear?	Yes No
b	lf "	Yes," explain:				

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Scł	nedule G (Form 990 or 990-EZ) 2020 TEACHING MATTERS, INC.	13-3770)472	Page 3
		C	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?	C	Yes	No No
13				
	a The organization's facility	1:	3a	%
			3b	%
	Name			
	Address 🕨			
		_		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	Yes	No
I		ıt		
	of gaming revenue retained by the third party \blacktriangleright \$			
	c If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	-			
i		Г	Yes	🗌 No
			Yes	
		he		
P		ad Dart III	lines 0	0h 10h
	 1 Does the organization conduct gaming activities with nonmembers? 2 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? 3 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 4 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name 		, intes 9,	90, 100,
	TSD, TSC, To, and T7D, as applicable. Also provide any additional information. See instructions.			
0320		(Form 99	90 or 990	0-EZ) 2020
	33			

17520714 152490 IYO03H

SC	HEDULE J	Comper	nsation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Direc	ctors, Trustees, Key Employees, and Highest		20	20	•
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 23.		ZU	ZU)
	tment of the Treasury		Attach to Form 990.		Open to		ic
	al Revenue Service		990 for instructions and the latest information.	Employer id	Inspe		mbor
INAII	e of the organizatio			Employer id 13-37		mnui	nber
Pa	rt I Question	TEACHING MATTERS, INC. s Regarding Compensation		12-27	/04/2		
	ducstion					Yes	No
1a	Check the appropr	ate box(es) if the organization provided ar	ny of the following to or for a person listed on Form	990		165	
			elevant information regarding these items.	550,			
	First-class or o		Housing allowance or residence for perso	naluse			
	Travel for com		Payments for business use of personal res				
		ation and gross-up payments	Health or social club dues or initiation fee				
		spending account	Personal services (such as maid, chauffeu	ır, chef)			
	,			, ,			
b	If any of the boxes	on line 1a are checked, did the organization	on follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described	above? If "No," complete Part III to explain		. 1b		
2	Did the organizatio	n require substantiation prior to reimbursi	ng or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director,	regarding the items checked on line 1a?		. 2		
3	Indicate which, if a	ny, of the following the organization used	to establish the compensation of the organization's				
	CEO/Executive Dire	ector. Check all that apply. Do not check a	any boxes for methods used by a related organization	on to			
	establish compens	ation of the CEO/Executive Director, but e	explain in Part III.				
	Compensation	n committee	Written employment contract				
		compensation consultant	Compensation survey or study				
	X Form 990 of c	ther organizations	X Approval by the board or compensation c	ommittee			
-							
4		•••	Section A, line 1a, with respect to the filing				
	organization or a re						x
		e payment or change-of-control payment?			41		X
		eive payment from a supplemental nonqu					X
С		eive payment from an equity-based comp			4c		
	I Tes to any or in	les 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) organization	ons must complete lines 5-9				
5			lid the organization pay or accrue any compensatio	n			
•	contingent on the r						
а	•				5a		x
b	Any related organiz	ation?					x
		or 5b, describe in Part III.					
6			lid the organization pay or accrue any compensatio	n			
	contingent on the r						
а					6a		x
b	Any related organiz	ation?			6b		X
		or 6b, describe in Part III.					
7	For persons listed	on Form 990, Part VII, Section A, line 1a, o	lid the organization provide any nonfixed payments				
					7		x
8			ccrued pursuant to a contract that was subject to th				
					8		x
9	If "Yes" on line 8, c	id the organization also follow the rebutta					
	Regulations section	1 53.4958-6(c)?			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructior	ns for Form 990.	Schedu	le J (Forn	n 990)	2020

032111 12-07-20

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) LYNETTE GUASTAFERRO	(i)	200,451.	0.	0.	12,027.	21,738.	234,216.	0.
CHIEF EXECUTIVE OFFICER	(ii)	٥.	٥.	0.	٥.	٥.	0.	0.
(2) JANE CONDLIFFE	(i)	161,142.	0.	0.	9,669.	20,134.	190,945.	0.
DEPUTY DIRECTOR	(ii)	٥.	0.	0.	0.	0.	0.	0.
(3) JENNIFER MURTHA	(i)	150,996.	0.	0.	9,060.	0.	160,056.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARIA GARCIA UNDERWOOD	(i)	130,384.	5,925.	0.	8,179.	9,297.	153,785.	0.
CEI DIRECTOR	(ii)	Ο.	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)							

Schedule J (Form 990) 2020

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 J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

2020 Open to Public Inspection

Employer identification number

Name of the	e organization
-------------	----------------

TEACHING MATTERS, INC.

	TEACHING MATTERS, INC.					13-3	77047	2	
Pa	t I Types of Property								
	i	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	(d) Method of de oncash contribe	etermin	•	S
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	Х	1	65,588.	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									
22	Taxidermy Historical artifacts								
23									
23 24	Scientific specimens								
24 25	Archeological artifacts								
26	Other ()								
27	Other ()								
<u>28</u> 29	Other ()	l	the tax year far a						
29	Number of Forms 8283 received by the organization	-							
	for which the organization completed Form 82	os, Part V, L	onee Acknowledg	ement 29				Yes	Na
20-	During the year did the exception receive h	(contributio		artad in Dart L lines 1 through	.h 00 +	hat it		res	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?	۰					30a		
	If "Yes," describe the arrangement in Part II.	aliov that ra	quiros the review	of any populard contribut	iono?		04	x	
31	Does the organization have a gift acceptance p	-	-	•	10115 ?		31	А	
32a	Does the organization hire or use third parties		0				20-		х
	contributions?						32a		Δ
	If "Yes," describe in Part II.	ali una (-) (ار مرا				
33	If the organization didn't report an amount in c describe in Part II.	olumn (C) foi	a type of property	i lor which column (a) is cheo	skeđ,				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032141 11-23-20

17520714 152490 ІУООЗН

13-3770472

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

20714 152490 IYO03н	39 2020.06000 TEACHING MATTERS, INC. IYO03
032142 11-23-20	Schedule M (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.



Employer identification number 13-3770472

TEACHING MATTERS, INC.

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

1,600 SCHOOLS, 38,000 TEACHERS AND REACHED OVER 672,000 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 2,200+ EDUCATORS IN 160 SCHOOLS, REACHING 75,000+

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

40

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization TEACHING MATTERS, INC.	Employer identification number
	T2-2110412
ERM PROVIDES COACHING FOR TEACHERS OF LITERACY K-2ND TO SUPPORT	
IMPROVEMENTS IN PEDAGOGY, CURRICULUM, ASSESSMENT, DATA ANALYSIS, AND	
PROFESSIONAL COLLABORATION BASED ON THE UNIQUE CONTEXT AND NEEDS OF THE	
SCHOOL. OUR PROGRAM HELPS TEACHERS MAXIMIZE THEIR EFFECTIVENESS IN	
PLANNING AND DELIVERING HIGH-IMPACT CLASSROOM INSTRUCTION. OUR COACHES	
ARE TRAINED	
IN ALL MAJOR ASSESSMENT SYSTEMS. 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.	
JUMPSTART	
TO MEET THE NEEDS OF CHILDREN WHO ARE CURRENTLY NOT READING AT GRADE	
LEVEL AND OF EDUCATORS WHO REQUIRE IMMEDIATE LITERACY EDUCATION SUPPORT	
IN A POST-COVID LANDSCAPE, TEACHING MATTERS HAS CREATED JUMPSTART TO	
, EQUITABLE EARLY READING. JUMPSTART IS A 12-WEEK INTERVENTION DESIGNED	
TO "JUMPSTART" EARLY READING BY	
FOCUSING ON BUILDING CORE TEACHING PRACTICES. THIS INNOVATIVE APPROACH	
GREW OUT OF OUR EVIDENCE-BASED EARLY LITERACY MODEL, EARLY READING	
MATTERS. JUMPSTART USES CYCLES OF SUPPORT THAT TARGET STUDENTS WHO ARE	
MOST IN NEED OF SUPPORT TO MOVE THEM FROM PRE-READING TO BEGINNING	
PROFICIENCY.	
THE TEACHING MATTERS NETWORK FOR SCHOOL IMPROVEMENT: OUR NETWORK	
CONNECTS 16 MIDDLE SCHOOLS ACROSS NYC DISTRICTS, WITH THE OVERALL GOAL	
OF INCREASING THE PERCENTAGE OF BLACK, LATINX, AND LOW-INCOME STUDENTS	
WHO ARE ON-TRACK BY THE END OF MIDDLE SCHOOL (8TH GRADE) TO GRADUATE	
HIGH SCHOOL AND BE ACADEMICALLY PREPARED FOR COLLEGE. THIS GATES	
FOUNDATION, FIVE-YEAR, GRANT ALLOWS US TO FOCUS ON CULTURALLY	
032212 11-20-20 41	Schedule O (Form 990 or 990-EZ) 202

17520714 152490 IYO03H

41 2020.06000 TEACHING MATTERS, INC. IYO03H_1

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization TEACHING MATTERS, INC.	Employer identification number 13-3770472
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.	
LITERACY MATTERS & MATH MATTERS: THESE PROGRAMS 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 THROUGH A CR-SE LENS. COACHING FOR TEACHERS AROUND	
PEDAGOGY, CURRICULUM, ASSESSMENT, DATA ANALYSIS, AS WELL AS TEACHER	
LEADERSHIP AND RUNNING PLCS IS TAILORED TO THE NEEDS OF LEADERSHIP AND	
TEACHERS.	

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
TEACHING MATTERS, INC.	13-3770472
FORM 990, PART VI, SECTION B, LINE 11B:	
THE CEO OVERSEES THE PREPARATION OF THE FORM 990 AND PRESENTS IT TO THE	
BOARD CHAIR AND TREASURER FOR REVIEW AND APPROVAL PRIOR TO FILING WITH THE	
INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
TEACHING MATTERS, INC. COLLECTS SIGNED CONFLICT OF INTEREST POLICY FORMS	
FROM EACH BOARD MEMBER AND HIGHEST COMPENSATED EMPLOYEE AT THE FIRST	
MEETING OF THE BOARD OF DIRECTORS EACH YEAR. ANY CHANGES FROM THE PREVIOUS	
YEAR ARE RESEARCHED BY TEACHING MATTERS, INC.	
· · · · · ·	
FORM 990, PART VI, SECTION B, LINE 15:	
15A	
THE BOARD SETS THE SALARY OF THE EXECUTIVE DIRECTOR USING GUIDELINES	
PROVIDED BY THE NONPROFIT COORDINATING COMMITTEE SALARY SURVEY, WHICH IS A	
BENCHMARK OF COMPARABLE ORGANIZATIONS.	
15B	
THE HIGHEST COMPENSATED EMPLOYEES MEET ANNUALLY WITH THE EXECUTIVE	
DIRECTOR. AT THIS MEETING THERE IS A PERFORMANCE REVIEW AND THEN A DECISION	
IS MADE REGARDING COMPENSATION FOR THE COMING YEAR BASED ON BENCHMARKS OF	
SALARY FROM COMPARABLE ORGANIZATIONS. THESE SALARY RECOMMENDATIONS ARE	
SUBMITTED FOR BOARD APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	

TEACHING MATTERS, INC. MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization TEACHING MATTERS, INC.		Employer identification number 13-3770472
FORM 990, PART IX, LINE 11G, OTHER FEES:		
OTHER FEES:		
PROGRAM SERVICE EXPENSES	575,464.	
MANAGEMENT AND GENERAL EXPENSES	202,689.	
FUNDRAISING EXPENSES	56,140.	
TOTAL EXPENSES	834,293.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	834,293.	
032212 11-20-20 44		Schedule O (Form 990 or 990-EZ) 202

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	tructions.			Taxpayer identification number (TIN)			
print	TEACHING MATTERS, INC.				13-3770472			
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s	see instruct	ions.					
instruction	Irn. See							
Enter th	e Return Code for the return that this application is for (fil	le a separat	e application for each return)			0 1		
Applica	tion	Return	Application			Return		
ls For		Code	Is For		Co			
Form 99	00 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99	00-BL	02	Form 1041-A			08		
Form 47	'20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	00-PF	04	Form 5227			10		
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	00-T (trust other than above)	06	Form 8870			12		
Telep If the If this box 1 Ir th box	CHRISTA M. BOGGIO, ME books are in the care of ▶ <u>475 RIVERSIDE DRIVE</u> , bohone No. ▶ <u>212-870-3505</u> borganization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ [] request an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or X tax year beginning <u>SEP 1, 2020</u> the tax year entered in line 1 is for less than 12 months, or Change in accounting period	SUITE 12 s in the Uni Group Exe and atta JULY 1 Janization's	Fax No. ►	If this is fo all membe	r the whole <u>(</u> ers the exter npt organizat	group, check this		
 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 					\$	0.		
	sing EFTPS (Electronic Federal Tax Payment System). Se If you are going to make an electronic funds withdrawa ons.			3c 453-EO an	d Form 8879	0. 9-EO for payment		

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

Form 8868 (Rev. 1-2020)

023841 04-01-20