

PUBLIC DISCLOSURE COPY

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2018**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

A For the 2018 calendar year, or tax year beginning <u>06/01</u> , 2018, and ending <u>05/31</u> , 20 <u>19</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>TEACH FOR AMERICA, INC.</u>
	Doing business as
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>25 BROADWAY 12TH FLOOR</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>NEW YORK, NY 10004</u>
	F Name and address of principal officer: <u>ELISA VILLANUEVA BEARD</u> <u>SAME AS C ABOVE</u>
D Employer identification number <u>13-3541913</u>	
E Telephone number <u>(212) 279-2080</u>	
G Gross receipts \$ <u>370,165,156</u>	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ <u>WWW.TEACHFORAMERICA.ORG</u>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: <u>1989</u>	
M State of legal domicile: <u>CT</u>	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>CHILDREN GROWING UP IN HISTORICALLY MARGINALIZED AND DISENFRANCHISED COMMUNITIES LACK ACCESS TO A BROAD SPECTRUM OF RESOURCES AND (CONTINUED ON SCHEDULE O)</u>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 <u>15</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>12</u>
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 <u>4,787</u>
	6	Total number of volunteers (estimate if necessary) 6 <u>55,700</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a <u>81,160</u>
b	Net unrelated business taxable income from Form 990-T, line 38 7b <u>(9,850)</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h) <u>235,973,769</u> Prior Year <u>294,544,810</u> Current Year
	9	Program service revenue (Part VIII, line 2g) <u>23,601,646</u> <u>23,612,050</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>5,699,846</u> <u>6,237,774</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>(1,276,345)</u> <u>(308,643)</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>263,998,916</u> <u>324,085,991</u>
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) <u>0</u> <u>0</u>
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>191,054,269</u> <u>193,876,782</u>
16a		Professional fundraising fees (Part IX, column (A), line 11e) <u>0</u> <u>0</u>
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>29,322,763</u>
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>78,043,744</u> <u>80,530,300</u>
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>284,459,497</u> <u>287,960,053</u>
19	Revenue less expenses. Subtract line 18 from line 12 <u>(20,460,581)</u> <u>36,125,938</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) <u>436,749,428</u> Beginning of Current Year <u>460,149,310</u> End of Year
	21	Total liabilities (Part X, line 26) <u>70,025,298</u> <u>60,028,609</u>
	22	Net assets or fund balances. Subtract line 21 from line 20 <u>366,724,130</u> <u>400,120,701</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is 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 <u>JOSHUA GRIGGS, EVP, TALENT, OPERATIONS & CFO</u>	
Paid Preparer Use Only	Print/Type preparer's name <u>KRISTIN ANDERSON</u>	Pr <u>Kristin M. Anderson</u>
	Firm's name ▶ <u>CROWE LLP</u>	Date <u>4/7/2020</u>
	Firm's address ▶ <u>488 MADISON AVENUE, FLOOR 3, NEW YORK, NY 10022-5702</u>	Check <input type="checkbox"/> if self-employed PTIN <u>P01231300</u>
	Firm's EIN ▶ <u>35-0921680</u>	Phone no. <u>(212) 572-5500</u>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2018)

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

OMB No. 1545-1709

► **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.

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. TEACH FOR AMERICA, INC.	Employer identification number (EIN) or 13-3541913
	Number, street, and room or suite no. If a P.O. box, see instructions. 25 BROADWAY 12TH FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10004	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **JOSHUA GRIGGS**

Telephone No. ► **(212) 279-2080** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► ☐ . If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **04/15**, 20 **20**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 ____ or
- ☒ tax year beginning **06/01**, 20 **18**, and ending **05/31**, 20 **19**.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
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.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

CHILDREN GROWING UP IN HISTORICALLY MARGINALIZED AND DISENFRANCHISED COMMUNITIES LACK ACCESS TO A BROAD SPECTRUM OF RESOURCES AND OPPORTUNITIES, AND ATTEND SCHOOLS THAT ARE NOT EQUIPPED TO MEET THEIR UNMET NEEDS. TO ADDRESS THIS, TFA'S MISSION IS TO FIND, DEVELOP, AND SUPPORT A DIVERSE NETWORK (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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 ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 93,275,139 including grants of \$ 3,102,161) (Revenue \$ 0)

CORPS MEMBER PROFESSIONAL DEVELOPMENT AND OTHER - IN EACH REGION, TFA HAS REGIONAL OFFICES, WHICH ARE RESPONSIBLE FOR PLACING CORPS MEMBERS IN SCHOOLS, MONITORING PROGRESS THROUGHOUT THEIR TWO-YEAR COMMITMENT, PROVIDING OPPORTUNITIES FOR ONGOING LEADERSHIP AND/OR EDUCATOR PROFESSIONAL DEVELOPMENT, AND HELPING CORPS MEMBERS TO FEEL PART OF A NATIONAL CORPS.

4b (Code:) (Expenses \$ 57,461,519 including grants of \$ 3,796,603) (Revenue \$ 24,057,850)

CORPS MEMBER RECRUITMENT, SELECTION AND PLACEMENT - TFA RECRUITS AND SELECTS A TEACHING CORPS OF OUTSTANDING COLLEGE GRADUATES TO TEACH THE NATION'S MOST UNDERSERVED STUDENTS. THE RECRUITMENT AND SELECTION PROCESS INCLUDES SCHEDULING AND ATTENDING ON AND OFF CAMPUS RECRUITING EVENTS, PROCESSING APPLICATIONS, AND CONDUCTING DAY-LONG INTERVIEW SESSIONS IN MULTIPLE SITES ACROSS THE COUNTRY. TFA PLACES CORPS MEMBERS IN VARIOUS URBAN AND RURAL REGIONS THROUGHOUT THE UNITED STATES AND PROVIDES ASSISTANCE TO THE CORPS MEMBERS THROUGH A NEED BASED FINANCIAL AID PROGRAM TO SUPPORT THEM WITH THEIR MOVES TO THESE REGIONS.

TEACH FOR AMERICA CORPS MEMBERS TAUGHT ACROSS 51 REGIONS IN 2019.

4c (Code:) (Expenses \$ 36,359,692 including grants of \$ 156,774) (Revenue \$ 0)

PRE-SERVICE INSTITUTE - TFA CONDUCTS INTENSIVE SUMMER TRAINING INSTITUTES LED BY ITS STAFF AND IN CONJUNCTION WITH LOCAL PUBLIC SCHOOL DISTRICTS AS PART OF TEACHER PREPARATION FOR INCOMING CORPS MEMBERS. IN SUMMER 2018, APPROXIMATELY 3,700 CORPS MEMBERS WERE TRAINED AT ONE OF OUR FOUR INSTITUTE SITES RUN BY THE NATIONAL ORGANIZATION: ATLANTA (GA), HOUSTON (TX), PHILADELPHIA (PA), AND TULSA (OK) OR AT ONE OF OUR 14 TRAINING SITES RUN BY REGIONS: BAY AREA, CHICAGO - NORTHWEST INDIANA, DALLAS - FORT WORTH, DELTA (RURAL REGION COLLECTIVE), EASTERN NORTH CAROLINA, LAS VEGAS VALLEY, LOS ANGELES (REGIONAL COLLECTIVE), MASSACHUSETTS, MEMPHIS, MIAMI (REGIONAL COLLECTIVE), MILWAUKEE, NASHVILLE, NEW YORK, AND PHOENIX.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 29,608,486 including grants of \$ 6,497,433) (Revenue \$ 0)

4e Total program service expenses **216,704,836**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 ✓	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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 ✓	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
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	✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
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	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓
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	✓
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	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 ✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 ✓	
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	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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	✓
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	✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓
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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 ✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
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	✓
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	✓
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	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 ✓	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 3,055	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

Part 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	4,787
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
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	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
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.		
a	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:		
a	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:		
a	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.)	11b	
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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 12		
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	<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<input checked="" type="checkbox"/>

Section 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
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?		
a The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► [AL, AR, CA, FL, \(CONTINUED ON SCHEDULE O\)](#)

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
[JOSHUA GRIGGS, 25 BROADWAY, 12TH FLOOR, NEW YORK, NY 10004, \(212\) 279-2080](#)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHEN F. MANDEL, JR. CHAIR	1.0	✓		✓				0	0	0
(2) ELISA VILLANUEVA BEARD DIRECTOR/OFFICER-CEO	61.0	✓		✓				465,477	0	38,699
(3) GREG PENNER DIRECTOR/ TREASURER	1.0	✓		✓				0	0	0
(4) WENDY KOPP FOUNDER/DIRECTOR	4.0	✓						52,980	0	0
(5) THOMAS H. CASTRO DIRECTOR	1.0	✓						0	0	0
(6) RANDALL H. HARBERT DIRECTOR (THROUGH 3/15/19)	1.0	✓						0	0	0
(7) KAYA HENDERSON DIRECTOR	1.0	✓						0	0	0
(8) KEVIN HUFFMAN DIRECTOR BEGINNING 1/19/19/ EVP, CHIEF EXTERNAL OFFICER UNTIL OCTOBER 2019	30.0	✓						177,162	0	26,709
(9) DAVID KENNY DIRECTOR	1.0	✓						0	0	0
(10) JOEL KLEIN DIRECTOR (THROUGH 5/8/19)	1.0	✓						0	0	0
(11) KEN MEHLMAN DIRECTOR	1.0	✓						0	0	0
(12) RICHARD D. PARSONS DIRECTOR (THROUGH 5/8/19)	1.0	✓						0	0	0
(13) NANCY PERETSMAN DIRECTOR	1.0	✓						0	0	0
(14) LINNEA CONRAD ROBERTS DIRECTOR	1.0	✓						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOSE VILLARREAL DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) MEG WHITMAN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) SUSAN MCCAW DIRECTOR (STARTED 9/5/18)	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) DAN PORTERFIELD DIRECTOR (STARTED 1/19/19)	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) JOSHUA GRIGGS EVP, TALENT, OPERATIONS & CFO	58.0			<input checked="" type="checkbox"/>				330,724	0	34,780
(20) TRACY-ELIZABETH CLAY SVP, GENERAL COUNSEL & CHIEF RISK/COMPLIANCE OFFICER, SECRETARY	51.0			<input checked="" type="checkbox"/>				238,528	0	34,553
(21) SUSAN ASIYANBI EVP, CHIEF OPERATING & PROGRAM OFFICER	66.0				<input checked="" type="checkbox"/>			404,391	0	12,312
(22) JOSHUA P. ANDERSON SVP, RECRUIT. & ADM. UNTIL FEB 2019/EVP, CHIEF EXTERNAL OFFICER BEGINNING FEB 2019	63.0				<input checked="" type="checkbox"/>			270,779	0	22,096
(23) PAUL KEYS EXECUTIVE DIRECTOR	57.0					<input checked="" type="checkbox"/>		296,014	0	21,343
(24) MICHELLE CULVER SVP, REGIONAL FIELD EXECUTIVE	58.0					<input checked="" type="checkbox"/>		258,377	0	38,362
(25) (SEE STATEMENT)										
1b Sub-total								2,494,432	0	228,854
c Total from continuation sheets to Part VII, Section A								728,339	0	66,683
d Total (add lines 1b and 1c)								3,222,771	0	295,537

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 367

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE STATE DIGITAL, INC., 101 AVENUE OF AMERICAS, 12TH FLOOR, NEW YORK, NY 10013	COMPUTER SOFTWARE DEVELOPMENT AND CONSULTING	1,662,000
SALESFORCE.ORG, DEPARTMENT #34293, P.O. BOX 39000, SAN FRANCISCO, CA 94139	SOFTWARE LICENSES/SUBSCRIPTION SERVICES	928,529
WORKDAY, INC., 6230 STONERIDGE MALL DR, PLEASANTON, CA 94588	IT CONSULTING AND SOFTWARE SERVICES	886,486
MODERN CRAFT INC., 155 WATER STREET, UNIT 1, VANCOUVER, BC, V6B1A7, CA	SUPPORT SERVICES	804,432
PATTERSON BELKNAP WEBB & TYLER, LLP, 1133 AVENUE OF THE AMERICAS, NEW YORK, NY 10036-6710	PROFESSIONAL LEGAL SERVICES	732,530

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 83

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 154,160						
	b	Membership dues	1b						
	c	Fundraising events	1c 16,785,328						
	d	Related organizations	1d						
	e	Government grants (contributions)	1e 52,451,841						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 225,153,481						
	g	Noncash contributions included in lines 1a-1f: \$	11,175,653						
	h	Total. Add lines 1a-1f	▶ 294,544,810						
Program Service Revenue			Business Code						
	2a	SERVICE FEES REVENUE	611710	23,435,580	23,435,580				
	b	PUBLICATION REVENUE	900099	161,315	161,315				
	c	REG/CERTIFICATION FEES	611710	15,155	15,155				
	d								
	e								
	f	All other program service revenue .		0	0	0	0		
	g	Total. Add lines 2a-2f	▶ 23,612,050						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	6,604,745			6,604,745		
	4	Income from investment of tax-exempt bond proceeds ▶							
	5	Royalties	▶	2,787			2,787		
	6a	Gross rents	(i) Real	(ii) Personal					
			2,740,828						
			b Less: rental expenses	2,740,828					
			c Rental income or (loss)	0					0
	d	Net rental income or (loss)	▶	0			0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			41,452,696						
			b Less: cost or other basis and sales expenses .	41,644,712					174,955
			c Gain or (loss)	(192,016)					(174,955)
	d	Net gain or (loss)	▶	(366,971)			(366,971)		
	8a	Gross income from fundraising events (not including \$ 16,785,328 of contributions reported on line 1c). See Part IV, line 18	a 680,280						
	b Less: direct expenses	b 1,518,670							
	c Net income or (loss) from fundraising events . ▶	(838,390)	(838,390)						
	9a	Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b							
	c Net income or (loss) from gaming activities . . ▶								
	10a	Gross sales of inventory, less returns and allowances	a 1,040						
	b Less: cost of goods sold	b							
	c Net income or (loss) from sales of inventory . . ▶	1,040	1,040						
Miscellaneous Revenue			Business Code						
11a	INSURANCE REIMBURSEMENT FOR LEGAL FEES	900099	306,069	306,069					
b	PURCHASING REBATE	900099	128,694	128,694					
c	IT SERVICES	900099	81,160		81,160				
d	All other revenue	900099	9,997	9,997	0	0			
e	Total. Add lines 11a-11d	▶	525,920						
12	Total revenue. See instructions	▶	324,085,991	24,057,850	81,160	5,402,171			

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,818,693	5,818,693		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,734,278	7,734,278		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,012,338	1,470,767	290,230	251,341
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	155,836,221	113,896,736	22,475,554	19,463,931
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,912,556	4,321,337	852,741	738,478
9 Other employee benefits	18,109,710	13,235,927	2,611,882	2,261,901
10 Payroll taxes	12,005,957	8,774,849	1,731,565	1,499,543
11 Fees for services (non-employees):				
a Management				
b Legal	304,118	177,534	89,508	37,076
c Accounting	147,271	85,972	43,345	17,954
d Lobbying	928,855		928,855	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,609		2,609	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,704,128	6,207,193	2,200,640	1,296,295
12 Advertising and promotion	6,996,609	6,339,180	224,756	432,673
13 Office expenses	7,480,960	4,762,108	2,272,509	446,343
14 Information technology	3,021,465	1,666,024	1,185,671	169,770
15 Royalties				
16 Occupancy	14,461,829	11,848,667	1,955,141	658,021
17 Travel	26,932,649	23,691,535	1,914,488	1,326,626
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,719,242	1,512,346	122,211	84,685
20 Interest	323,744	129,641	137,157	56,946
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,404,605	3,018,659	2,153,214	232,732
23 Insurance	560,683	224,522	237,538	98,623
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBSCRIPTIONS & DUES	1,020,050	542,378	319,741	157,931
b BAD DEBT EXPENSE	739,702	686,777	52,827	98
c MISCELLANEOUS EXPENSES	552,885	468,053	33,298	51,534
d FILING AND REGISTRATION FEES	52,651	21,084	22,306	9,261
e All other expenses	176,245	70,576	74,668	31,001
25 Total functional expenses. Add lines 1 through 24e	287,960,053	216,704,836	41,932,454	29,322,763
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	33,148,929	1	21,365,351
	2 Savings and temporary cash investments	35,906,496	2	55,366,186
	3 Pledges and grants receivable, net	36,094,892	3	45,196,546
	4 Accounts receivable, net	409,759	4	556,741
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	10,731
	9 Prepaid expenses and deferred charges	5,205,255	9	5,918,626
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 66,940,693		
	b Less: accumulated depreciation	10b 48,696,557	18,916,627	10c 18,244,136
	11 Investments—publicly traded securities	302,067,530	11	306,663,253
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	3,633,034	13	4,308,646
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,366,906	15	2,519,094
16 Total assets. Add lines 1 through 15 (must equal line 34)	436,749,428	16	460,149,310	
Liabilities	17 Accounts payable and accrued expenses	40,100,565	17	37,310,952
	18 Grants payable		18	
	19 Deferred revenue	19,170,635	19	11,729,399
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	8,000	21	8,000
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	10,746,098	25	10,980,258
	26 Total liabilities. Add lines 17 through 25	70,025,298	26	60,028,609
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	102,551,845	27	172,430,100
	28 Temporarily restricted net assets	147,010,411	28	110,528,727
	29 Permanently restricted net assets	117,161,874	29	117,161,874
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	366,724,130	33	400,120,701
	34 Total liabilities and net assets/fund balances	436,749,428	34	460,149,310

Form **990** (2018)

Part XI Reconciliation of Net AssetsCheck 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	324,085,991
2	Total expenses (must equal Part IX, column (A), line 25)	2	287,960,053
3	Revenue less expenses. Subtract line 2 from line 1	3	36,125,938
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	366,724,130
5	Net unrealized gains (losses) on investments	5	(2,820,220)
6	Donated services and use of facilities	6	105,767
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(14,914)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	400,120,701

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .	✓	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	✓	

Form **990** (2018)

Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) SANDEEP CHELLANI ----- SVP, IT & CHIEF INFORMATION OFFICER	48.0 -----					✓		248,984	0	16,013
(26) FATIMAH BURNAM ----- SVP, EXECUTIVE LEADERSHIP & LEARNING	50.0 -----					✓		246,034	0	41,936
(27) KIRA ORANGE-JONES ----- SVP, REGIONAL FIELD EXECUTIVE	50.0 -----					✓		233,321	0	8,734

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

TEACH FOR AMERICA, INC.

Employer identification number

13-3541913

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	263,854,521	271,486,327	245,190,571	235,973,769	294,544,810	1,311,049,998
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	263,854,521	271,486,327	245,190,571	235,973,769	294,544,810	1,311,049,998
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						144,855,746
6 Public support. Subtract line 5 from line 4						1,166,194,252

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	263,854,521	271,486,327	245,190,571	235,973,769	294,544,810	1,311,049,998
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,849,156	4,003,233	5,802,691	7,453,663	9,348,360	30,457,103
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	579,872	580,852	640,067	590,994	1,125,040	3,516,825
11 Total support. Add lines 7 through 10						1,345,023,926
12 Gross receipts from related activities, etc. (see instructions)					12	164,013,241
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	86.70 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	92.55 %
16a 33⅓% support test—2018. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33⅓% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) 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.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

- 1** ☐ 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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . .			
b Excess from 2015 . . .			
c Excess from 2016 . . .			
d Excess from 2017 . . .			
e Excess from 2018 . . .			

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	PURCHASING CARD REBATE	81,110	45,262	14,843		128,694	269,909
	OTHER INCOME				47,789	9,997	57,786
	OTHER EVENTS	53,018	30,890	24,323	800		109,031
	COMMISSION S	19,444	30,000				49,444
	EMPLOYEE SETTLEMENT		74,000	772			74,772
	RECOVERY OF LIABILITY		10,285	2,023			12,308
	INSURANCE REIMBURSEM ENT FOR LEGAL FEES					306,069	306,069
	GROSS INCOME FROM FUNDRAISING	426,300	390,415	598,106	542,405	680,280	2,637,506
	Total	579,872	580,852	640,067	590,994	1,125,040	3,516,825

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

Name of the organization

TEACH FOR AMERICA, INC.

Employer identification number

13-3541913

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X **Schedule B (Form 990, 990-EZ, or 990-PF) (2018)**

Name of organization

TEACH FOR AMERICA, INC.

Employer identification number

13-3541913

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 30,860,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 20,792,080	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 18,870,564	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 15,899,649	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 10,045,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 6,121,563	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

TEACH FOR AMERICA, INC.

Employer identification number

13-3541913

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 5,901,815	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

TEACH FOR AMERICA, INC.

Employer identification number

13-3541913

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

Name of organization

TEACH FOR AMERICA, INC.

Employer identification number

13-3541913

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization TEACH FOR AMERICA, INC.	Employer identification number 13-3541913
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ **Yes** ☐ **No**
4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	✓		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?	✓		82,485
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		1,415,303
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?		✓	
j Total. Add lines 1c through 1i			1,497,788
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	<p>ON A STATE LEVEL, LOCAL ADVISORY BOARD MEMBERS, PAID STAFF OR MANAGEMENT HAD DIRECT CONTACT WITH STATE LEGISLATORS, THEIR STAFF AND MEMBERS OF STATE EXECUTIVE BRANCH AGENCIES IN SUPPORT OF STATE APPROPRIATIONS FOR TEACH FOR AMERICA'S IN-STATE OPERATIONS THROUGH REGULAR STATE BUDGET PROCESSES. IN ADDITION, REGIONAL STAFF ALSO WORKED FOR THE PASSAGE OF VARIOUS PIECES OF LEGISLATION WHICH WOULD IMPACT TEACH FOR AMERICA'S ABILITY TO OPERATE IN A GIVEN COMMUNITY INCLUDING THE PASSAGE OF ALTERNATIVE CERTIFICATION LEGISLATION AND LEGISLATION PERMITTING TEACH FOR AMERICA TO BE RECOGNIZED BY THE STATE AS AN ALTERNATIVE PATHWAY TO TEACH LICENSURE.</p> <p>TEACH FOR AMERICA HAS USED CONSULTANTS AT THE STATE LEVEL TO PROVIDE LOBBYING SERVICES, SUCH AS BILL AND REGULATION TRACKING ON MATTERS, INCLUDING BUT NOT LIMITED TO, TEACHER CERTIFICATION AND STATE FUNDING.</p> <p>AT THE FEDERAL LEVEL, TEACH FOR AMERICA STAFF INTERFACED WITH MEMBERS OF CONGRESS, THEIR PERSONAL AND COMMITTEE STAFF, AND KEY MEMBERS OF THE PRESIDENT'S ADMINISTRATION AND FEDERAL AGENCIES, TO ADVOCATE FOR LEGISLATION AND REGULATIONS THAT WOULD SUPPORT TEACH FOR AMERICA AND THE CONSTITUENCIES WE SERVE.</p>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

TEACH FOR AMERICA, INC.

Employer identification number

13-3541913

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 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 in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ (ii) Assets included in Form 990, Part X ▶ \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X ▶ \$	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	236,669,182	207,651,975	176,617,046	179,896,330	162,329,225
b Contributions					
c Net investment earnings, gains, and losses	2,116,344	29,194,652	31,035,773	(3,278,440)	17,567,105
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	2,609	177,445	844	844	
g End of year balance	238,782,917	236,669,182	207,651,975	176,617,046	179,896,330

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ☒ 25.98 %
b Permanent endowment ☒ 49.07 %
c Temporarily restricted endowment ☒ 24.95 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	<input checked="" type="checkbox"/>
(ii) related organizations	3a(ii)	<input checked="" type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐ Yes ☐ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		536,252	64,678	471,574
c Leasehold improvements		17,604,398	8,191,554	9,412,844
d Equipment		48,718,176	40,378,013	8,340,163
e Other		81,867	62,312	19,555
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				18,244,136

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (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. (Column (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.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT PAYABLE	10,681,156	
(3) OTHER LIABILITIES	282,724	
(4) CAPITAL LEASE OBLIGATION	16,378	
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	10,980,258	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	325,722,222
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	(2,820,220)
b	Donated services and use of facilities	2b	105,767
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	(2,609)
e	Add lines 2a through 2d	2e	(2,717,062)
3	Subtract line 2e from line 1	3	328,439,284
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	(4,353,293)
c	Add lines 4a and 4b	4c	(4,353,293)
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	324,085,991

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	292,325,651
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	4,368,207
e	Add lines 2a through 2d	2e	4,368,207
3	Subtract line 2e from line 1	3	287,957,444
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,609
c	Add lines 4a and 4b	4c	2,609
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	287,960,053

Part XIII Supplemental Information.

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.

[SEE STATEMENT](#)

Part XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	INVESTMENT MANAGEMENT FEES	- 2,609
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	RECLASS IT SERVICES TO PART VIII, LINE 11	81,160
	RECLASS FUNDRAISING EXPENSES TO PART VIII, LINE 8B	- 1,518,670
	RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B	- 2,740,828
	RECLASS LOSS ON DISPOSAL TO PART VIII, LINE 7	- 174,955
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B	2,740,828
	RECLASS LOSS ON DISPOSAL	174,955
	LOSSES ON UNCOLLECTIBLE PLEDGES	14,914
	RECLASS IT SERVICES TO PART VIII, LINE 11	- 81,160
	RECLASS FUNDRAISING EXPENSES TO PART VIII, LINE 8B	1,518,670
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	INVESTMENT MANAGEMENT FEES	2,609

Part XIII

Supplemental Information. 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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	TEACH FOR AMERICA HELD A SECURITY DEPOSIT FROM A SUBLEASE TENANT FROM IN ITS DC OFFICE IN THE AMOUNT OF \$8,000. THIS AMOUNT IS RECORDED AS A LIABILITY ON TEACH FOR AMERICA'S BALANCE SHEET.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	TEACH FOR AMERICA'S ENDOWMENT IS INTENDED TO PROVIDE A CONTINUOUS SOURCE OF FUNDING TO SUPPORT THE INSTITUTION'S PRIMARY EDUCATIONAL AND SOCIAL MISSION. THE ENDOWMENT'S PRINCIPAL IS INTENDED TO BE LEFT UNTOUCHED, WHILE ITS EARNINGS ARE USED TO FUND VARIOUS ORGANIZATION PROGRAMS (AND GRANTS).
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>TFA FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.</p> <p>TFA IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. TFA HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT WAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. TFA HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, TFA HAS NOT RECORDED A PROVISION FOR INCOME TAXES AS IT HAS NO MATERIAL TAX LIABILITY FROM UNRELATED BUSINESS INCOME ACTIVITIES.</p>

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

TEACH FOR AMERICA, INC.

Employer identification number

13-3541913

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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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.

		(a) Event #1 <small>NEW YORK ANNUAL BENEFIT DINNER</small> (event type)	(b) Event #2 <small>CHICAGO 2019 BENEFIT DINNER</small> (event type)	(c) Other events <small>12</small> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	8,425,154	1,864,078	7,176,376	17,465,608
	2 Less: Contributions	8,230,757	1,797,845	6,756,726	16,785,328
	3 Gross income (line 1 minus line 2)	194,397	66,233	419,650	680,280
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	138,000	22,953	99,319	260,272
	7 Food and beverages	179,900	90,558	542,969	813,427
	8 Entertainment			91,601	91,601
	9 Other direct expenses	99,755		253,615	353,370
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,518,670
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(838,390)

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- | | | | |
|-----------|--|------------------------------|-----------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party:

Name

Address ►

- 16** Gaming manager information:

Name ▶

Gaming manager compensation ► \$ _____

Description of services provided ►

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

TEACH FOR AMERICA, INC.

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

13-3541913

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	46-2093041	501(C)(3)	4,693,693	0	N/A	N/A	(SEE STATEMENT)
(2) PHOENIX UNION HIGH SCHOOL DISTRICT 4502 N. CENTRAL AVE., PHOENIX, AZ 85012	86-6000534	GOVERNMENT ENTITY	125,000	0	N/A	N/A	(SEE STATEMENT)
(3) (SEE STATEMENT)	88-6000024	GOVERNMENT ENTITY	1,000,000	0	N/A	N/A	(SEE STATEMENT)
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 3
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 CORP MEMBER/ALUMNI ALUMNI SUPPORT	1,070	814,894	0	N/A	N/A
2 CORP MEMBER/ALUMNI AWARD	234	1,069,999	0	N/A	N/A
3 (SEE STATEMENT)	4,585	450,010	0	N/A	N/A
4 CORP MEMBER/ALUMNI CM OTHER SUPPORT	5,970	357,172	0	N/A	N/A
5 CORP MEMBER/ALUMNI FELLOWSHIP	37	449,607	0	N/A	N/A
6 CORP MEMBER/ALUMNI FINANCIAL AID	2,441	4,491,044	0	N/A	N/A
7 (SEE STATEMENT)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

Part III**Grants and Other Assistance to Individuals in the United States** (continued)

(a) Type of grant or assistance	(b) Number of Recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(7) CORP MEMBER/ALUMNI STUDENT ASSESSMENT TESTING	1,431	53,493	0	N/A	N/A
(8) CORP MEMBER/ALUMNI PROFESSIONAL DEVELOPMENT (NON-STAFF)	158	40,108	0	N/A	N/A
(9) OTHER CORP MEMBER/ALUMNI SUPPORT	380	7,951	0	N/A	N/A

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	TEACH FOR AMERICA PROVIDES GRANTS AND/OR FINANCIAL AID TO CORPS MEMBERS WHO ARE ATTENDING THE CURRENT YEAR'S INSTITUTE. THE ORGANIZATION MAINTAINS A LISTING OF THE INDIVIDUALS THAT BENEFIT FROM THE GRANT, WITH ALL REQUIRED INFORMATION (E.G. FULL NAME, SOCIAL SECURITY NUMBER AND ADDRESS). GRANTS ARE ISSUED BASED ON THE FINANCIAL NEED OF THE RECIPIENT AND MAY BE USED FOR FINANCIAL AID WHILE WITHIN INSTITUTE, CERTIFICATION FEES, AND TEXTBOOKS. IN ADDITION, TEACH FOR AMERICA PROVIDES AN ANNUAL GRANT TO LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION (LEEF) TO SUPPORT ITS MISSION OF SUPPORTING CHARITABLE AND EDUCATIONAL ACTIVITIES TO DEVELOP POLICY, ADVOCACY, AND ORGANIZING LEADERS AND FUEL THE MOVEMENT FOR EDUCATIONAL EQUITY. TEACH FOR AMERICA REQUIRES SPECIFIC REPORTING REQUIREMENTS UNDER THIS LEEF GRANT TO ENSURE CLOSE MONITORING OF THE USE OF THE FUNDS. TEACH FOR AMERICA, ALSO CLOSELY MONITORS OTHER DOMESTIC ORGANIZATION GRANTS TO ENSURE REPORTING AND COMPLIANCE WITHIN THE GRANT TERMS AND PURPOSES.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION 1805 7TH STREET NW, WASHINGTON, DC 20001
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	UNIVERSITY OF NEVADA LAS VEGAS 4505 SOUTH MARYLAND PARKWAY, LAS VEGAS, NV 89154
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	LEADERSHIP FOR EDUCATIONAL EQUITY FOUNDATION: THE PURPOSE OF THIS GRANT IS TO ASSIST LEE MEMBER GROWTH AND ENGAGEMENT. TO GROW OVERALL MEMBERSHIP BASE BY AN ADDITIONAL 2,000 TEACH FOR AMERICA ALUMNI AND CORPS MEMBERS. AT THE TIME OF THE GRANT, THERE ARE OVER 41,000 LEE MEMBERS. LEE PLANNED TO GROW TO 43,000 MEMBERS ACROSS THE US AND AIMED TO ATTRACT MORE THAN 65% OF TEACH FOR AMERICA CORPS MEMBERS AND ALUMNI BY 2018. LEE ALSO PLANNED TO GROW NUMBER OF LEE MEMBERS TO INCLUDE AN ADDITIONAL 90 SENIOR LEADERS IN SENIOR POLICY, ADVOCACY AND ORGANIZING LEADERS, AS WELL AS AN ADDITIONAL 1,500 LEE MEMBERS WHO PARTICIPATE IN REGIONAL WORKSHOPS AND FELLOWSHIPS.
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	PHOENIX UNION HIGH SCHOOL DISTRICT: THE PURPOSE OF THIS GRANT IS TO CREATE SPACES THAT SUPPORT THE SUCCESSFUL PROGRAMS WE HAVE BUILT THE PAST FOUR YEARS. WE BUILT A CAMPUS ON AN IDEA. AN IDEA THAT ALL STUDENTS CAN ACHIEVE GREATNESS NO MATTER THE ZIP-CODE IN WHICH THEY LIVE AND TO BE THE FIRST "A" RATED HIGH SCHOOL IN MARYVALE. NOW THAT WE KNOW WHAT WORKS, OUR SPACE IS NOT NECESSARILY SUITED TO DO THAT. THIS MONEY WOULD ALLOW US TO BUILD A STEM LAB, BUY ADDITIONAL ATHLETIC EQUIPMENT, CREATE AN OFFICE THAT IS MORE FAMILY FRIENDLY SO THERE ARE SPACES TO CALL AND MEET WITH PARENTS, AND HELP FUND OUR COLLEGE VISITS AND AMPED AND GIC CLASSES.
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	UNIVERSITY OF NEVADA LAS VEGAS: THE PURPOSE OF THIS GRANT IS TO IMPROVE THE QUALITY OF TEACHER PREPARATION, BE AN ENTERPRISE WITH SELF-SUFFICIENCY TO MAKE HIRING DECISIONS, PROGRAMMATIC IMPLEMENTATION, AND CURRICULUM CHANGES, HAVE A SELECTIVE ADMISSIONS MODEL ABLE TO IDENTIFY WAYS IN WHICH ACCEPTANCE TO THIS INITIATIVE IS DRIVING SYSTEMATIC SUPPORT FOR ONGOING INNOVATION AND EXAMINATION OF PROMISING NEW APPROACHES TO EDUCATION AND EDUCATOR PREPARATION AND STRENGTHEN THE COLLEGE'S PARTNERSHIP WITH TFA.
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	CORP MEMBER/ALUMNI CERTIFICATION EXPENSE

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

TEACH FOR AMERICA, INC.

Compensation Information

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

- Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

13-3541913

Part I Questions Regarding Compensation

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

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

Cat. No. 50053T

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELISA VILLANUEVA BEARD DIRECTOR/OFFICER-CEO	(i)	460,977	0	4,500	13,500	25,199	504,176	0
	(ii)	0	0	0	0	0	0	0
2 KEVIN HUFFMAN DIRECTOR BEGINNING 1/19/19/ EVP, CHIEF EXTERNAL OFFICER UNTIL OCTOBER 2019	(i)	177,162	0	0	5,943	20,766	203,871	0
	(ii)	0	0	0	0	0	0	0
3 JOSHUA GRIGGS EVP, TALENT, OPERATIONS & CFO	(i)	327,816	0	2,908	13,500	21,280	365,504	0
	(ii)	0	0	0	0	0	0	0
4 TRACY-ELIZABETH CLAY SVP, GENERAL COUNSEL & CHIEF RISK/COMPLIANCE OFFICER, SECRETARY	(i)	238,528	0	0	11,945	22,608	273,081	0
	(ii)	0	0	0	0	0	0	0
5 SUSAN ASIYANBI EVP, CHIEF OPERATING & PROGRAM OFFICER	(i)	404,391	0	0	0	12,312	416,703	0
	(ii)	0	0	0	0	0	0	0
6 JOSHUA P. ANDERSON SVP, RECRUIT. & ADM. UNTIL FEB 2019/EVP, CHIEF EXTERNAL OFFICER BEGINNING FEB 2019	(i)	270,779	0	0	13,350	8,746	292,875	0
	(ii)	0	0	0	0	0	0	0
7 PAUL KEYS EXECUTIVE DIRECTOR	(i)	294,894	0	1,120	13,500	7,843	317,357	0
	(ii)	0	0	0	0	0	0	0
8 MICHELLE CULVER SVP, REGIONAL FIELD EXECUTIVE	(i)	258,377	0	0	13,095	25,267	296,739	0
	(ii)	0	0	0	0	0	0	0
9 SANDEEP CHELLANI SVP, IT & CHIEF INFORMATION OFFICER	(i)	248,984	0	0	12,222	3,791	264,997	0
	(ii)	0	0	0	0	0	0	0
10 FATIMAH BURNAM SVP, EXECUTIVE LEADERSHIP & LEARNING	(i)	246,034	0	0	12,442	29,494	287,970	0
	(ii)	0	0	0	0	0	0	0
11 KIRA ORANGE-JONES SVP, REGIONAL FIELD EXECUTIVE	(i)	233,321	0	0	0	8,734	242,055	0
	(ii)	0	0	0	0	0	0	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **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.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

TEACH FOR AMERICA, INC.

Employer identification number

13-3541913

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		46,677	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	118	11,058,257	SELLING COST
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	✓	16	37,933	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (CRYPTOCURRENCY)	✓	1	7,910	SELLING COST
26 Other ▶ (TICKETS/MEMBERSHIP)	✓	9	10,505	COST
27 Other ▶ (PERSONAL CARE)	✓	4	1,630	COST
28 Other ▶ (SEE STATEMENT)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				Yes No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes No
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part I

Types of Property (continued)

Property Type	(a) Check If Applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
PHOTOS	✓	2	2,100	COST
FITNESS	✓	1	185	COST
EVENT SUPPLIES	✓	2	10,456	COST

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - COLUMN B	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B) OF SCHEDULE M.

SCHEDULE O
(Form 990 or 990-EZ)Department of Treasury Internal
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the Organization
TEACH FOR AMERICA, INC.Employer Identification Number
13-3541913

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	OPPORTUNITIES, AND ATTEND SCHOOLS THAT ARE NOT EQUIPPED TO MEET THEIR UNMET NEEDS. TO ADDRESS THIS, TFA'S MISSION IS TO FIND, DEVELOP, AND SUPPORT A DIVERSE NETWORK OF LEADERS COMMITTED TO EXPANDING OPPORTUNITY FOR CHILDREN FROM CLASSROOMS, SCHOOLS, AND EVERY SECTOR AND FIELD THAT SHAPES THE BROADER SYSTEMS IN WHICH SCHOOLS OPERATE. TFA DOES THIS BY FINDING PROMISING LEADERS; DEVELOPING AND CULTIVATING THE LEADERSHIP SKILLS AND MINDSETS NECESSARY FOR SYSTEMS CHANGE THROUGH CLASSROOM TEACHING; AND SUPPORTING THE INDIVIDUAL AND COLLECTIVE LEADERSHIP, RELATIONSHIPS, AND LEARNING OF THOSE IN THE TFA NETWORK THROUGHOUT THEIR LIFETIME.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	OF LEADERS COMMITTED TO EXPANDING OPPORTUNITY FOR CHILDREN FROM CLASSROOMS, SCHOOLS, AND EVERY SECTOR AND FIELD THAT SHAPES THE BROADER SYSTEMS IN WHICH SCHOOLS OPERATE. TFA DOES THIS BY FINDING PROMISING LEADERS; DEVELOPING AND CULTIVATING THE LEADERSHIP SKILLS AND MINDSETS NECESSARY FOR SYSTEMS CHANGE THROUGH CLASSROOM TEACHING; AND SUPPORTING THE INDIVIDUAL AND COLLECTIVE LEADERSHIP, RELATIONSHIPS, AND LEARNING OF THOSE IN THE TFA NETWORK THROUGHOUT THEIR LIFETIME.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$29,608,486 INCLUDING GRANTS OF \$6,497,433)(REVENUE \$0) ALUMNI AFFAIRS - TFA HAS AN ALUMNI BASE OF FORMER CORPS MEMBERS ALL OVER THE WORLD. THESE INDIVIDUALS PRESENT A POWERFUL OPPORTUNITY TO CONTINUE TO EXPAND EDUCATIONAL OPPORTUNITY. TFA ENGAGES IN ACTIVITIES THAT SUPPORT AND ENCOURAGE ALUMNI TO CONTINUE TO WORK IN EDUCATION AND ACROSS SECTORS TO ADDRESS ISSUES NEGATIVELY IMPACTING LOW INCOME COMMUNITIES- MOST NOTABLY FOCUSED ON INFORMATION/KNOWLEDGE DISSEMINATION AND NETWORKING. TFA ALSO SUPPORTS ALUMNI VIA ACTIVITIES INTENDED TO DEVELOP ALUMNI IN LEADERSHIP PRACTICE AND/OR SPECIFIC PROGRAMMATIC AREAS: CLASSROOM PRACTICE, SCHOOL LEADERSHIP, SCHOOL SYSTEMS LEADERSHIP, POLICY/ORGANIZING WORK, AND SOCIAL ENTREPRENEURSHIP. NEARLY TWO THIRDS OF OUR 52,700 ALUMNI IN 2019 WERE EMPLOYED AS TEACHERS, AS SCHOOL PRINCIPALS, AS SUPERINTENDENTS OR IN OTHER ROLES DIRECTLY IMPACTING EDUCATION WHILE THE OTHER THIRD WORKED ACROSS MULTIPLE SECTORS. APPROXIMATELY 78% OF TEACH FOR AMERICA'S 52,700 ALUMNI IN 2019 WERE DOING MISSION ALIGNED WORK EITHER IN EDUCATION OR IN OTHER PROFESSIONS SERVING LOW INCOME COMMUNITIES.
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE BOARD OF DIRECTORS HAS DESIGNATED AN EXECUTIVE COMMITTEE WHICH MAINLY HANDLES CEO PERFORMANCE AND COMPENSATION REVIEWS. THE EXECUTIVE COMMITTEE IS COMPRISED OF THE BOARD CHAIR AND THE CHAIRS OF THE FINANCE, AUDIT, AND GOVERNANCE COMMITTEES.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	TEACH FOR AMERICA'S FORM 990 WAS PREPARED BY AN INDEPENDENT TAX PREPARER. MANAGEMENT PERFORMED AN IN-DEPTH REVIEW. A COPY OF THE 990 WAS PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. THE FULL BOARD RECEIVES A COPY OF THE 990 FORM VIA EMAIL BEFORE THE 990 FORM IS OFFICIALLY FILED WITH THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	TEACH FOR AMERICA, INC. REQUIRES EACH OFFICER, DIRECTOR, OR KEY EMPLOYEE ANNUALLY (1) TO REVIEW THE CONFLICT OF INTEREST POLICY; (2) TO DISCLOSE ANY POSSIBLE PERSONAL, FAMILY, OR BUSINESS RELATIONSHIP THAT REASONABLY COULD GIVE RISE TO A CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST; AND (3) TO ACKNOWLEDGE BY HIS OR HER SIGNATURE THAT HE OR SHE IS ACTING IN ACCORDANCE WITH THE LETTER AND SPIRIT OF SUCH POLICY. WHEN A COVERED PERSON BECOMES AWARE OF A PROPOSED COVERED TRANSACTION, HE OR SHE SHALL HAVE A DUTY TO TAKE THE FOLLOWING ACTIONS: (A) IMMEDIATELY DISCLOSE THE EXISTENCE AND CIRCUMSTANCES OF SUCH COVERED TRANSACTION TO THE CHAIR (IN THE CASE OF OFFICERS AND KEY EMPLOYEES OTHER THAN THE CHAIR) OR TO THE BOARD OF DIRECTORS OF THE ORGANIZATION (THE "BOARD") OR APPLICABLE COMMITTEE THEREOF (IN THE CASE OF DIRECTORS AND THE CHAIR); (B) REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCOURAGE THE ORGANIZATION TO ENTER INTO THE COVERED TRANSACTION; AND (C) PHYSICALLY EXCUSE HIMSELF OR HERSELF FROM PARTICIPATION IN ANY DISCUSSIONS REGARDING THE COVERED TRANSACTION WITH OFFICERS, DIRECTORS, AND EMPLOYEES OF THE ORGANIZATION, EXCEPT TO RESPOND TO REQUESTS FOR INFORMATION. CONFLICTS OF INTEREST ARE ADMINISTERED BY THE BOARD OF DIRECTORS, OR ANY APPLICABLE COMMITTEE THEREOF, WITH THE ASSISTANCE OF THE BOARD CHAIR, AND ARE RESPONSIBLE FOR REVIEWING THE ANNUAL DISCLOSURES AND RECEIVING DISCLOSURES OF PROPOSED COVERED TRANSACTIONS, REVIEWING PROPOSED COVERED TRANSACTIONS AND DETERMINING IF AN ACTUAL CONFLICT OF INTEREST EXISTS. THE BOARD DOCUMENTS THEIR REVIEW OF EACH DECLARATION IN THE MINUTES OF THE MEETING AT WHICH THE COVERED TRANSACTION IS COVERED. DOCUMENTATION ALSO INCLUDES THE BASIS FOR THE FINAL DETERMINATION AND RESOLUTION FOR EACH COVERED TRANSACTION. IF THE FINAL DETERMINATION WAS ACCOMPLISHED BY ACTION OF A BOARD COMMITTEE OR THE BOARD CHAIR, A REPORT TO THE BOARD OF DIRECTORS IS CONDUCTED REGARDING ANY COVERED TRANSACTION APPROVED IN ACCORDANCE WITH THE CONFLICTS OF INTEREST POLICY.

Return Reference - Identifier	Explanation				
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	TEACH FOR AMERICA, INC. USES INDEPENDENT COMPENSATION CONSULTANTS TO ENSURE THAT THE SALARY SET FOR THE CEO IS APPROPRIATE. CEO COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD. DOCUMENTATION PROVIDED TO THE COMMITTEE BEFORE VOTING ON CEO COMPENSATION INCLUDES CURRENT SALARY, BENCHMARKED MARKET DATA, SALARY RECOMMENDATIONS FOR THE UPCOMING YEAR, AND ALTERNATIVE OPTIONS FOR POTENTIAL SALARY INCREASES. THE COMPENSATION SETTING PROCESS, AS OUTLINED ABOVE, WAS LAST PERFORMED DURING THE PERIOD BEGINNING IN MARCH 2019 AND CONCLUDING IN JUNE 2019.				
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	INDEPENDENT COMPENSATION CONSULTANTS ARE USED TO ENSURE THAT THE SALARIES FOR THE MANAGEMENT TEAM MEMBERS AND OTHER KEY OFFICERS ARE APPROPRIATE AND IN LINE WITH THOSE OF COMPARABLE ORGANIZATIONS. COMPENSATION STRUCTURES AND INDIVIDUAL STAFF MEMBER SALARIES ARE REVIEWED AND ADJUSTED ANNUALLY AT TEACH FOR AMERICA. REGARDING OUR COMPENSATION STRUCTURES, EACH YEAR, THE BENEFITS & COMPENSATION TEAM RECOMMENDS BASELINE ADJUSTMENTS TO THE MANAGEMENT TEAM BASED ON MARKET RESEARCH. ONCE APPROVED, ANY FINANCIAL IMPACT IS INCLUDED IN THE OVERALL BUDGET RECOMMENDED TO THE FINANCE COMMITTEE AND THEN APPROVED BY THE BOARD. THESE COMPENSATION STRUCTURES ARE THEN USED TO SET STAFF MEMBER SALARIES IN THE NEXT YEAR IN LINE WITH THE ORGANIZATION'S GUIDING PRINCIPLES. THOSE GUIDING PRINCIPLES CONSIST OF (1) PAYING COMPETITIVELY RELATIVE TO NON-PROFIT ORGANIZATIONS BUT NOT AT THE TOP OF THE MARKET, (2) MAINTAINING INTERNAL PAY EQUITY, (3) ACCOUNTING FOR CHANGES IN THE MARKETPLACE FOR INDIVIDUAL ROLES, AND (4) ENSURING THE ORGANIZATION IS PAYING FAIRLY AND COMPETITIVELY OVER THE COURSE OF STAFF MEMBER CAREERS THROUGH ANNUAL EVALUATION OF A STAFF MEMBER'S CHANGING CONTRIBUTION TO THE ORGANIZATION. STAFF SALARIES ARE CALIBRATED ANNUALLY BY THE MANAGEMENT TEAM AND APPROVED BY THE CEO TO ENSURE FAIRNESS AND EQUITY ACROSS THE ORGANIZATION AND ALIGNMENT WITH OUR COMPENSATION PHILOSOPHY. THE COMPENSATION SETTING PROCESS, AS OUTLINED ABOVE, PERTAINS TO THE CEO AND EVP LEVEL POSITIONS AND WAS LAST PERFORMED DURING THE PERIOD BEGINNING IN MARCH 2019 AND CONCLUDING IN JUNE 2019.				
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	TEACH FOR AMERICA MAKES ITS FORM 990 AVAILABLE TO PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG AND AT WWW.TEACHFORAMERICA.ORG. TEACH FOR AMERICA ALSO PUBLISHES ITS FINANCIAL STATEMENTS ON ITS WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND LEGAL ATTACHMENTS, FORM 1023 AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC IF REQUESTED.				
FORM 990, PART VIII, LINE 2A - FEES FOR SERVICES REVENUE	TEACH FOR AMERICA HAS CONTRACTUAL AGREEMENTS WITH VARIOUS SCHOOL DISTRICTS ACROSS THE UNITED STATES OF AMERICA TO RECRUIT, SELECT, TRAIN, AND PLACE CORPS MEMBERS TO TEACH WITHIN THEIR SCHOOL DISTRICTS. TEACH FOR AMERICA RECOGNIZES REVENUE RELATED TO THESE CONTRACTUAL AGREEMENTS AS EARNED, THAT IS, WHEN THE CORPS MEMBER IS PLACED.				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> </thead> <tbody> <tr> <td>LOSSES ON UNCOLLECTIBLE PLEDGES</td><td>- 14,914</td></tr> </tbody> </table>	(a) Description	(b) Amount	LOSSES ON UNCOLLECTIBLE PLEDGES	- 14,914
(a) Description	(b) Amount				
LOSSES ON UNCOLLECTIBLE PLEDGES	- 14,914				
FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THE ORGANIZATION'S GOVERNING BODY HAS A COMMITTEE CHARGED WITH OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS. THE COMMITTEE'S PROCESS FOR OVERSIGHT OF THE AUDIT, PERFORMED BY AN INDEPENDENT ACCOUNTING FIRM, HAS NOT CHANGED FOR THE REPORTING YEAR.				