

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2006, or fiscal year beginning 10/01, 2006, and ending 09/30, 2007

▶ Do not send to the IRS. Keep for your records.

▶ See instructions.

**2006**Department of the Treasury  
Internal Revenue ServiceReturn ID (20-digit number) ▶ **1303722006123447169S**

Name of exempt organization

**TEACH FOR AMERICA, INC.**

Employer identification number

**13-3541913**

Name and title of officer

**MIGUEL ROSSY, CHIEF FINANCE & INFRASTRUCTURE****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1b	<b>90908297.</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) 4b	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize GRANT THORNTON LLP to enter my PIN 26618 as my signature

ERO firm name

do not enter all zeros

on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

**5/28/08****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**13037236605**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4206, Information for Authorized IRS e-file Providers for Exempt Organization Filings.

ERO's signature ▶

Date ▶

**5/28/08****ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2006)

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2006

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning 10/01, 2006, and ending 09/30/2007

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

## C Name of organization

TEACH FOR AMERICA, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

315 WEST 36TH STREET

City or town, state or country, and ZIP + 4

NEW YORK, NY 10018

## D Employer identification number

13-3541913

## E Telephone number

(212) 279-2080

## F Accounting method:

☐ Cash☒ Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

## I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ WWW.TEACHFORAMERICA.ORG

J Organization type (check only one) ☒ 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 107,009,010.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	59,681,859.	
	c	Indirect public support (not included on line 1a)	1c	195,146.	
	d	Government contributions (grants) (not included on line 1a)	1d	17,062,078.	
	e	Total (add lines 1a through 1d) (cash \$ 74,584,724. noncash \$ 2,354,359.)	1e	76,939,083.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	9,319,218.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	1,288,046.	
	5	Dividends and interest from securities	5	194,437.	
Expenses	6a	Gross rents	6a	12,274.	
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c	12,274.	
	7	Other investment income (describe ▶)	7		
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	253,394.	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	3,317,329.	
b	Less: direct expenses other than fundraising expenses	9b	526,855.		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	2,790,474.		
Net Assets	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
	11	Other revenue (from Part VII, line 103)	11	111,371.	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	90,908,297.	
	13	Program services (from line 44, column (B))	13	68,659,102.	
	14	Management and general (from line 44, column (C))	14	8,113,182.	
	15	Fundraising (from line 44, column (D))	15	6,620,014.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 13 and 14, column (A)	17	83,392,298.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	7,515,999.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	104,771,638.		
20	Other changes in net assets or fund balances (attach explanation)	20	855,467.		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	113,143,104.		

For Privacy Act and Paperwork Reduction Act Notice, see the separate Instructions.

Form 990 (2006)

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 3,859,799 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	3,859,799.	3,859,799.		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	1,459,763.	1,203,429.	140,721.	115,613.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	40,607,672.	33,106,720.	3,341,921.	4,159,031.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	1,237,214.	1,019,960.	119,267.	97,987.
<b>28</b> Employee benefits not included on lines 25a - 27	3,245,143.	2,460,208.	257,337.	527,598.
<b>29</b> Payroll taxes	3,396,195.	2,799,823.	327,393.	268,979.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	265,675.		265,675.	
<b>32</b> Legal fees	35,771.	29,490.	3,448.	2,833.
<b>33</b> Supplies	1,000,401.	826,192.	96,610.	77,599.
<b>34</b> Telephone	1,302,650.	1,088,145.	163,251.	51,254.
<b>35</b> Postage and shipping	500,507.	447,047.	37,684.	15,776.
<b>36</b> Occupancy	3,165,475.	2,560,657.	474,428.	130,390.
<b>37</b> Equipment rental and maintenance	1,245,136.	1,107,083.	138,053.	
<b>38</b> Printing and publications	2,305,452.	2,090,233.	70,399.	144,820.
<b>39</b> Travel	8,600,581.	7,652,931.	508,631.	439,019.
<b>40</b> Conferences, conventions, and meetings	300,967.	235,975.	51,309.	13,683.
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	1,718,754.	1,378,290.	147,336.	193,128.
<b>43</b> Other expenses not covered above (itemize):				
a STMT 5	9,145,143.	6,793,120.	1,969,719.	382,304.
b				
c				
d				
e				
f				
g				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	83,392,298.	68,659,102.	8,113,182.	6,620,014.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a** **SEE STATEMENT 7**

(Grants and allocations \$ 3,952,473. ) If this amount includes foreign grants, check here ☐

30,481,855.

**b** **SEE STATEMENT 7**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

18,192,947.

**c** **SEE STATEMENT 7**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

16,200,250.

**d** **SEE STATEMENT 8**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

3,784,050.

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) ☐

68,659,102.

Form 990 (2006)




**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	2,023,835.	3,152,812.
	46 Savings and temporary cash investments	11,715,218.	13,513,884.
	47a Accounts receivable	6,360,283.	
	b Less: allowance for doubtful accounts	NONE	6,360,283.
	48a Pledges receivable	64,061,917.	
	b Less: allowance for doubtful accounts	NONE	64,061,917.
	49 Grants receivable	6,323,743.	4,510,997.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule).		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		
	51a Other notes and loans receivable (attach schedule)	4,166,025.	
	b Less: allowance for doubtful accounts	419,302.	3,746,723.
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	168,135.	505,738.
	54a Investments - publicly-traded securities	16,524,490.	17,166,395.
	b Investments - other securities (attach schedule)		
55a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation (attach schedule)			
56 Investments - other (attach schedule)			
57a Land, buildings, and equipment: basis	14,097,152.		
b Less: accumulated depreciation (attach schedule)	5,257,922.	8,839,230.	
58 Other assets, including program-related investments (describe ▶ STMT 10)	330,735.	489,166.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	112,081,246.	122,347,145.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	4,641,746.	6,396,978.
	61 Grants payable	2,006,199.	1,788,852.
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		
	64a Tax-exempt bond liabilities (attach schedule)		
	b Mortgages and other notes payable (attach schedule)		
	65 Other liabilities (describe ▶ STMT 11)	661,663.	1,018,211.
66 <b>Total liabilities.</b> Add lines 60 through 65	7,309,608.	9,204,041.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	39,321,474.	45,559,207.
	68 Temporarily restricted	61,288,331.	63,422,064.
	69 Permanently restricted	4,161,833.	4,161,833.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).	104,771,638.	113,143,104.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	112,081,246.	122,347,145.



	Yes	No
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75b		X
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<b>75c</b>		<b>X</b>

1	2	3
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75d	X	
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**Part V-B** **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**  
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
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76		X
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77		X
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Year	Area	Population
1990	1990	1990
1991	1991	1991
1992	1992	1992
1993	1993	1993
1994	1994	1994
1995	1995	1995
1996	1996	1996
1997	1997	1997
1998	1998	1998
1999	1999	1999
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2099	2099	

78a		X
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78b	N/A
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79		X
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80a		X
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1		
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**RESEARCH**

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81b		X
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**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See Instructions in Part III.)		
<b>82b</b>	1,245,905.		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>84b</b>	N/A		
<b>85a</b>	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	N/A	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>85c</b>	Dues, assessments, and similar amounts from members	N/A	
<b>85d</b>	Section 162(e) lobbying and political expenditures	N/A	
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>85h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
<b>86a</b>	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities	N/A	
<b>87a</b>	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
<b>87b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
<b>88b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>NONE</u> ; section 4912 <u>NONE</u> ; section 4955 <u>NONE</u>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	NONE	
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization	NONE	
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>90a</b>	List the states with which a copy of this return is filed <u>SEE STATEMENT 18</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See Instructions.)	461	
<b>91a</b>	The books are in care of <u>MIGUEL ROSSY</u> Telephone no. <u>212 279-2080</u>		
	Located at <u>315 WEST 36TH STREET, 5TH FLOOR NEW YORK, NY</u> ZIP + 4 <u>10018</u>		
<b>b</b>	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)?		X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		



**Part VI Other Information (continued)**

Yes No

91c

X

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . .

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . . ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 92 NONE**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					9,319,218.
a FEE FOR SERVICE REVENUE					
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	1,288,046.	
96 Dividends and interest from securities . . . . .			14	194,437.	
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .			16	12,274.	
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	253,394.	
101 Net income or (loss) from special events . . . . .			01	2,790,474.	
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a					
b MISCELLANEOUS			01	111,371.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				4,649,996.	9,319,218.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					13,969,214.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	FEES FROM CONTRACTUAL AGREEMENTS WITH VARIOUS SCHOOL DISTRICTS ACROSS THE UNITED STATES TO RECRUIT, SELECT, TRAIN, AND PLACE CORPS MEMBERS TO WORK IN THEIR SCHOOL DISTRICTS.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

<b>106</b>	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
			X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

<b>107</b>	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
			X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

<b>108</b>	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No
			X

**Please Sign Here**

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.

Signature of officer [Signature] Date 5/5/08

Type or print name and title MIGUEL ROSSY, CHIEF FINANCE AND INFRASTRUCTURE OFFICER

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

GRANT THORNTON LLP  
666 THIRD AVENUE  
NEW YORK, NY 10017

P00504182  
36-6055558  
212-599-0100

Form 990 (2006)

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

**2006**

Name of the organization

TEACH FOR AMERICA, INC.

Employer identification number

13-3541913

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 19				
Total number of other employees paid over \$50,000 . . . ►		282		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 20		
Total number of others receiving over \$50,000 for professional services . . . . . ►		4

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 21		
Total number of other contractors receiving over \$50,000 for other services . . . . . ►		21

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

Schedule A (Form 990 or 990-EZ) 2006

**Part III** Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>120,177.</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) . . . . .	<b>1</b> X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	X
b Lending of money or other extension of credit? . . . . .	<b>2b</b>	X
c Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . STMT. 22	<b>2d</b> X	
e Transfer of any part of its income or assets? . . . . .	<b>2e</b>	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . . STMT. 23	<b>3a</b> X	
b Did the organization have a section 403(b) annuity plan for its employees? . . . . .	<b>3b</b> X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .	<b>3c</b>	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>3d</b>	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .	<b>4a</b>	X
b Did the organization make any taxable distributions under section 4966? . . . . .	<b>4b</b>	
c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>4c</b>	
d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶ _____		NONE
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ▶ _____		NONE

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 6 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I      ☐ Type II      ☐ Type III - Functionally Integrated      ☐ Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> <span style="float: right;">▶</span>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2006



**Part V Private School Questionnaire** (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	<b>31</b>	
-----		
-----		
<b>32</b> Does the organization maintain the following:	<b>32a</b>	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
d Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	<b>33a</b>	
b Admissions policies?	<b>33b</b>	
c Employment of faculty or administrative staff?	<b>33c</b>	
d Scholarships or other financial assistance?	<b>33d</b>	
e Educational policies?	<b>33e</b>	
f Use of facilities?	<b>33f</b>	
g Athletic programs?	<b>33g</b>	
h Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
-----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
b Has the organization's right to such aid ever been revoked or suspended?	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
-----		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ **a** If the organization belongs to an affiliated group. Check ☐ **b** If you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .			
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	<b>41</b>		
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			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**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 instructions for lines 45 through 50 on page 13 of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
Lobbying nontaxable amount . . . . .					
<b>45</b> amount . . . . .					
Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>46</b> (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
Grassroots nontaxable amount . . . . .					
<b>48</b> amount . . . . .					
Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>49</b> (150% of line 48(e)) . . . . .					
Grassroots lobbying expenditures . . . . .					
<b>50</b> expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .	X		
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	X		120,177.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			120,177.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 24





**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary Information for  
Line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2006**

Name of 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 foundation

Check 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization **TEACH FOR AMERICA, INC.**

Employer identification number

**13-3541913****Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>FEDEX CORPORATION</u> <u>942 SOUTH SHADY GROVE ROAD</u> <u>MEMPHIS, TN 38120</u>	<u>1,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>DELORES B WEAVER</u> <u>C/O JAGUARS INC 1 STADIUM PLACE</u> <u>JACKSONVILLE, FL 32202</u>	<u>1,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<u>THE BROAD FOUNDATION</u> <u>10900 WILSHIRE BOULEVARD</u> <u>LOS ANGELES, CA 90024</u>	<u>5,025,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	<u>SYMANTEC CORPORATION</u> <u>20330 STEVENS CREEK BOULEVARD</u> <u>CUPERTINO, CA 95014-2268</u>	<u>1,210,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 - GENERAL EXPLANATION ATTACHMENT  
=====ACCUMULATED DEPRECIATION  
LINES 42 AND 57B

	BEGINNING BALANCE	CURRENT YEAR EXPENSE	ENDING BALANCE
LEASEHOLD IMPROVEMENTS	\$ 615,652	425,283	1,040,935
FURNITURE FIXTURES & EQUIPMENT	321,604	165,414	487,018
COMPUTER	2,601,912	1,128,057	3,729,969
TOTALS	\$ 3,539,168	1,718,754	5,257,922

STATEMENT 1

## FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
DC GOLF TOURNAMENT	13,085.	5,713.	7,372.
HOUSTON 2007 BENEFIT DINNER	495,224.	71,618.	423,606.
CHICAGO ARETE HONORS	178,500.	5,000.	173,500.
NEW YORK 2007 BENEFIT DINNER	2,419,767.	356,481.	2,063,286.
PHOENIX 2007 BENEFIT DINNER	182,300.	64,766.	117,534.
MISCELLANEOUS EVENTS	28,453.	23,277.	5,176.
TOTALS	3,317,329.	526,855.	2,790,474.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====DESCRIPTION  
-----AMOUNT  
-----

UNREALIZED APPRECIATION IN INVESTMENTS

855,467.

TOTAL

-----  
855,467.  
=====

TEACH FOR AMERICA, INC.

13-3541913

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
FINANCIAL AID/SUPPORT	NONE	FINANCIAL AID AND COURSE CERTIFICATION FOR	3,859,799.
315 WEST 36TH STREET	CORPS MEMBERS	CORPS MEMBERS.	
NEW YORK, NY 10018			
		TOTAL CONTRIBUTIONS PAID	3,859,799.

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
INVESTMENT EXPENSES	39,270.		39,270.	
STUDENT LODGING AND MEALS	4,673,910.	4,673,304.	437.	169.
INSURANCE	159,644.	89,401.	62,261.	7,982.
REGIONAL COSTS	143,685.	106,558.	10,439.	26,688.
BAD DEBT	264,153.	85,905.		178,248.
FEES AND OTHER EXPENSES	85,703.	10,273.	13,816.	61,614.
OTHER PROFESSIONAL FEES	3,749,218.	1,827,679.	1,813,936.	107,603.
LOSS ON DISP OF FIXED ASSETS	29,560.		29,560.	
TOTALS	9,145,143.	6,793,120.	1,969,719.	382,304.



FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

TEACH FOR AMERICA, INC. IS THE NATIONAL TEACHER CORPS OF OUTSTANDING RECENT COLLEGE GRADUATES WHO COMMIT TWO YEARS TO TEACH IN PUBLIC SCHOOLS IN LOW-INCOME URBAN AND RURAL AREAS, AND WHO BECOME LIFELONG LEADERS IN PURSUIT OF EDUCATIONAL EXCELLENCE AND EQUITY. TEACH FOR AMERICA, INC. RECRUITS TOP GRADUATES OF ALL ACADEMIC MAJORS FROM CAMPUSES ACROSS THE COUNTRY, SELECTS "CORPS MEMBERS" THROUGH AN INTENSIVE APPLICATION PROCESS, TRAINS THEM IN AN INTENSIVE PRE-SERVICE INSTITUTE, PLACES THEM IN SCHOOLS AS REGULAR BEGINNING TEACHERS, COORDINATES AN ONGOING SUPPORT NETWORK AMONG THEM, AND BUILDS A NETWORK AMONG ITS ALUMNI TO FOSTER THEIR ONGOING LEADERSHIP AND COLLABORATION.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS  
=====PROGRAM SERVICE ACCOMPLISHMENT A  
-----

PLACEMENT, PROFESSIONAL DEVELOPMENT, EDUCATION AWARDS, AND  
OTHER:

TFA PLACES CORPS MEMBERS IN VARIOUS URBAN AND RURAL REGIONS  
OF THE UNITED STATES. IN EACH REGION, TFA HAS REGIONAL  
OFFICES, WHICH ARE RESPONSIBLE FOR PLACING CORPS MEMBERS IN  
SCHOOLS, MONITORING THEIR PROGRESS THROUGHOUT THE TWO YEAR  
COMMITMENT, PROVIDING OPPORTUNITIES FOR ONGOING  
PROFESSIONAL DEVELOPMENT, AND HELPING CORPS MEMBERS TO FEEL  
PART OF A NATIONAL CORPS. IN 2007 AND 2006, TFA PLACED  
CORPS MEMBERS IN 27 AND 25 REGIONS RESPECTIVELY.

PROGRAM SERVICE ACCOMPLISHMENT B  
-----

TEACHER RECRUITMENT AND SELECTION:

TFA RECRUITS AND SELECTS A TEACHING CORPS OF OUTSTANDING  
COLLEGE GRADUATES TO TEACH THE NATION'S MOST UNDERSERVED  
STUDENTS. THE RECRUITMENT AND SELECTION PROCESS CONSISTS OF  
SCHEDULING AND ATTENDING ON AND OFF CAMPUS RECRUITMENT  
EVENTS, PROCESSING APPLICATIONS (APPROXIMATELY 18,000 IN  
2007 AND 19,000 IN 2006) AND CONDUCTING DAYLONG INTERVIEW  
SESSIONS IN MULTIPLE SITES ACROSS THE COUNTRY. TFA HAD  
APPROXIMATELY 2,900 AND MORE THAN 2,400 NEW CORPS MEMBERS  
BEGIN THEIR FALL TEACHING ASSIGNMENTS IN 2007 AND 2006  
RESPECTIVELY.

PROGRAM SERVICE ACCOMPLISHMENT C  
-----

PRE-SERVICE INSTITUTE:

FOR INCOMING CORPS MEMBERS, TFA CONDUCTS INTENSIVE SUMMER  
TRAINING INSTITUTES HELD ON UNIVERSITY CAMPUSES AND IN  
CONJUNCTION WITH LOCAL PUBLIC SCHOOL DISTRICTS. IN 2007,  
APPROXIMATELY 2,900 CORPS MEMBERS WERE TRAINED AT ONE OF  
OUR FIVE INSTITUTE CAMPUSES: UNIVERSITY OF HOUSTON, TEMPLE  
UNIVERSITY, CALIFORNIA STATE UNIVERSITY - LONG BEACH, ST.  
JOHN'S UNIVERSITY, AND GEORGIA INSTITUTE OF TECHNOLOGY. AS  
A PART OF TFA'S ONGOING RELATIONSHIP WITH THE HOUSTON  
INDEPENDENT SCHOOL DISTRICT, THE SCHOOL DISTRICT OF  
PHILADELPHIA, THE LOS ANGELES UNIFIED SCHOOL DISTRICT, THE

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS  
=====

NEW YORK CITY DEPARTMENT OF EDUCATION, AND THE ATLANTA  
PUBLIC SCHOOLS, CORPS MEMBERS TAUGHT STUDENTS WHO ENROLLED  
IN HOUSTON'S, PHILADELPHIA'S, LOS ANGELES', NEW YORK'S, AND  
ATLANTA'S PUBLIC SUMMER SCHOOL PROGRAMS

PROGRAM SERVICE ACCOMPLISHMENT D  
-----

## ALUMNI:

TFA HAS OVER 12,000 ALUMNI ACROSS THE COUNTRY. IN FY2007,  
TFA FOCUSED ON FOSTERING THE LEADERSHIP OF OUR ALUMNI AS A  
FORCE FOR SOCIAL CHANGE AND ENGAGING ALUMNI WITH THE WORK  
OF TFA. SPECIFICALLY, WE:

- \* ACHIEVED GOALS OF 285 SCHOOL LEADERS, 7 ELECTED  
OFFICIALS, AND 25% OF ALUMNI DONATING TIME OR MONEY BACK TO  
TFA.

- \* PRODUCED TWO ALUMNI MAGAZINES CALLED "ONE DAY" THAT WAS  
MAILED OUT TO OVER 17,000 PEOPLE.

- \* LAUNCHED THE ALUMNI CAREER AND LEADERSHIP CENTER. THE  
ALUMNI CAREER AND LEADERSHIP CENTER GUIDES ALUMNI THROUGH  
THEIR CAREER CYCLES FROM ASSESSING THEIR SKILLS, TALENTS  
AND INTERESTS, EXPLORING CAREERS AND LEARNING HOW TO  
LEVERAGE THEIR EXPERIENCE TO BEST POSITION THEMSELVES TO  
TRANSITION INTO THE FIELD, AND CONNECT THEM TO RESOURCES TO  
BE SUCCESSFUL IN THE OUTREACH AND SECURING OF A JOB.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE  
=====

BORROWER:	LOANS RECEIVABLE FROM CORPS MEMBERS	
ENDING BALANCE DUE .....		3,746,723.
		-----
TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES		3,746,723.
		=====

TEACH FOR AMERICA, INC.

13-3541913

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
ACCRUED INTEREST RECEIVABLE	113,330.
SECURITY DEPOSITS	338,418.
MISCELLANEOUS	37,418.
	-----
TOTALS	489,166.
	=====

## FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEFERRED RENT PAYABLE	1,018,211.
	-----
TOTALS	1,018,211.
	=====

TEACH FOR AMERICA, INC.

13-3541913

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION

AMOUNT

GROSS RENT REVENUE

12,274.

TOTAL

12,274.

STATEMENT 12

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS  
=====

DESCRIPTION -----	AMOUNT -----
GROSS RENT REVENUE	12,274. -----
TOTAL	12,274. =====



## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WENDY KOPP 315 WEST 36 ST NEW YORK, NY 10018	CEO & FOUNDER 60.00	275,500.	23,952.	NONE
MATTHEW KRAMER 315 WEST 36 ST NEW YORK, NY 10018	PRESIDENT 60.00	222,735.	13,097.	NONE
KEVIN HUFFMAN 315 WEST 36 ST NEW YORK, NY 10018	EXEC VP STRATEGY 60.00	222,340.	21,294.	NONE
MIGUEL ROSSY 315 WEST 36 ST NEW YORK, NY 10018	EVP & CFO 60.00	190,095.	8,137.	NONE
AIMEE DAVIS 315 WEST 36 ST NEW YORK, NY 10018	CHIEF PEOPLE OFFICER 60.00	162,564.	16,265.	NONE
ELISA BEARD 315 WEST 36 ST NEW YORK, NY 10018	CHIEF OPERATING OFFICER 60.00	139,275.	15,101.	NONE
GILLIAN C SMITH 315 WEST 36 ST NEW YORK, NY 10018	CHIEF MARKETING OFFICER 60.00	134,827.	14,581.	NONE
WALTER ISAACSON 315 WEST 36 ST NEW YORK, NY 10018	CHAIR 1.00	NONE	NONE	NONE

## FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PAULA A SNEED 315 WEST 36 ST NEW YORK, NY 10018	VICE CHAIR 1.00	NONE	NONE	NONE
JIDE ZEITLIN 315 WEST 36 ST NEW YORK, NY 10018	TREASURER 1.00	NONE	NONE	NONE
STEPHEN F BOLLENBACH 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
DONALD G FISHER 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
LEW FRANKFORT 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
DAVID GERGEN 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
LEO HINDERY JR 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
DAVID W KENNY 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SHERY LANSING 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
SUE LEHMANN 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
MICHAEL L LOMAX PHD 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
STEPHEN F MANDEL JR 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
ANTHONY W MARX 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
JAMES M MCCORMICK 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
RICHARD S PECHTER 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
NANTY PERETSMAN 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SIR HOWARD STRINGER 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
LAWRENCE J STUPSKI 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
LAWRENCE H SUMMERS 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
G KENNEDY THOMPSON 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
JOHN THOMPSON 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
GREGORY W WENDT 315 WEST 36 ST NEW YORK, NY 10018	DIRECTOR 1.00	NONE	NONE	NONE
GRAND TOTALS		1,347,336.	112,427.	NONE

FORM 990, PART VI, LINE 90A - STATES

=====

AL, AK, AZ, AR, CA, CO, CT, FL, GA,  
IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NJ, NM,  
NY, NC, OH, OK, OR, PA, SC, TN, UT, VA, WA, WV, WI,

## SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
JEFFREY WETZLER 315 WEST 36TH STREET NEW YORK, NY 10018	SR VP- TEACHER PREP 60.00	180,800.	20,799.	NONE
ELISSA CLAPP 315 WEST 36TH STREET NEW YORK, NY 10018	SR VP- RECRUIT. MGMT 60.00	174,985.	15,875.	NONE
SUSAN ASIYANBI 315 WEST 36TH STREET NEW YORK, NY 10018	VP INSTITUTES 60.00	170,405.	8,002.	NONE
MELISSA GOLDEN 315 WEST 36TH STREET NEW YORK, NY 10018	VP- NATIONAL MARK. 60.00	137,042.	10,435.	NONE
AYLON SAMOUHA 315 WEST 36TH STREET NEW YORK, NY 10018	SVP- TEACHER SUPPORT 60.00	131,174.	10,539.	NONE
	TOTAL COMPENSATION	794,406.	65,650.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.  
=====

MONITOR COMPANY GROUP LP 2 CANAL PARK CAMBRIDGE, MA 02141	CONSULTING	258,226.
VML PO BOX 14229 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	RENDERED DESIGN	162,700.
KPMG LLP PO BOX 120001 DALLAS, TX 75312-0511	AUDITING	104,550.
JAMES S BECKER III 262 TAFFE PLACE # 515 BROOKLYN, NY 11205	TECH CONSULTANT	102,400.
LYNN DOUPSAS 104 WEST 70TH STREET APT 3GH NEW YORK, NY 10023	TECH CONSULTANT	85,346.
TOTAL COMPENSATION		----- 713,222. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.  
=====

PITNEY BOWES MANAGEMENT SERVICES PO BOX 845801 DALLAS, TX 75284-5801	PRINTING PACKAGES	616,026.
COWBOY CARPENTRY 260 W 36TH STREET ROOM 502 NEW YORK, NY 10018	CONSTRUCTION	453,197.
FED EX PO BOX 371461 PITTSBURGH, PA 15250-7461	SHIPPING	271,594.
FED EX KINKO'S PO BOX 672085 DALLAS, TX 75267-2085	PRINTING	233,048.
RIT PRINTING 250 NORTH FEHR WAY BAY SHORE, NY 11706	PRINTING	219,711.
TOTAL COMPENSATION		----- 1,793,576. =====



SCHEDULE A, PART III - EXPLANATION FOR LINE 2D  
=====

CERTAIN OFFICERS, DIRECTORS AND KEY EMPLOYEES RECEIVE COMPENSATION AND BENEFITS. SEE FORM 990 PART V. UNDER THE ACCOUNTABLE PLAN RULES, THE ORGANIZATION ALSO PROVIDES REIMBURSEMENTS FOR REASONABLE AND NECESSARY BUSINESS EXPENSES INCURRED BY ITS OFFICERS, DIRECTORS AND KEY EMPLOYEES.

## SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

## FINANCIAL AID AND STUDENT LOANS

TEACH FOR AMERICA, INC. OFFERS GRANTS AND INTEREST-FREE LOANS TO HELP CORP MEMBERS TRANSITION INTO THE CORPS. PACKAGES RANGE FROM APPROXIMATELY \$1,000 TO \$6,000 AND ARE BASED ON AN APPLICANT'S DEMONSTRATED NEED AND THE COST OF TRANSITIONING TO THEIR ASSIGNED REGION. APPROXIMATELY 55% OF OUR INCOMING CORPS MEMBERS APPLY FOR AWARDS.

## EDUCATION AWARDS

THE EDUCATION AWARD IS A CREDIT IN VARYING AMOUNTS UP TO \$4,725 PER YEAR OF SERVICE THAT CORPS MEMBERS CAN USE TO PAY BACK UNDERGRADUATE DEBT ON QUALIFIED LOANS AND/OR PAY FUTURE EDUCATIONAL EXPENSES.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION  
=====

TEACH FOR AMERICA DIRECTLY AND INDIRECTLY LOBBIES MEMBERS OF CONGRESS AND THEIR CONGRESSIONAL STAFFS, ADMINISTRATION OFFICIALS AND OTHERS, FOR AUTHORIZING LANGUAGE AND FEDERAL APPROPRIATIONS BENEFITTING TEACH FOR AMERICA. ALSO INVOLVED IN FORMING AND WORKING AS PART OF COALITIONS TO INCREASE FUNDING AND SEEK LEGISLATION FAVORABLE TO NATIONAL SERVICE PROGRAMS, PARTICULARLY AMERICORPS.

COSTS ARE ALL INCLUSIVE IN PAID STAFF OR MANAGEMENT. \$37,000 IS INDEPENDENT CONTRACTOR OR COST. THE BALANCE IS SALARY RELATED.

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

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ . . . . .
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box ☐ and complete Part I only . . . . .

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	TEACH FOR AMERICA	13-3541913
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	315 WEST 36TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10018	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ▶ BETTY CAINES

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 will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until MAY 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year \_\_\_\_\_ or  
▶ ☒ tax year beginning OCTOBER 1, 2006, and ending SEPTEMBER 30, 2007.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, 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, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form **8868** (Rev. 4-2007)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.**

<b>Type or print</b>  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	TEACH FOR AMERICA, INC.	13-3541913
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	315 WEST 36TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW YORK, NY 10018	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **MIGUEL ROSSY**

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.

- 4 I request an additional 3-month extension of time until **08/15, 2008**.
- 5 For calendar year , or other tax year beginning **10/01, 2006** and ending **09/30, 2007**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 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 and any amount paid previously with Form 8868.	8b \$
c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA**Date **5/9/08****Notice to Applicant. (To Be Completed by the IRS)**

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other

By:  Date

Director

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

<b>Type or print</b>	Name
	GRANT THORNTON LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	666 THIRD AVENUE
	City or town, province or state, and country (including postal or ZIP code)
	NEW YORK, NY 10017

Form 8868 (Rev. 4-2007)