•	11		*Amended Return - Sect	ion	512(a)(7)	Repeal	* • • • •	(1 T)	0 0 M 0 0	,
` c	<u></u>					2939	3 2	Ψ/,	0 0 7 2 2 DMB No 1545-068	₃₇ (
ي. (990-T	E	Exempt Organization Busine			x ivotuii	1	\vdash	2MB 110 1040 000	
Form	JJU-I		(and proxy tax under s	sect	ion 6033(e))	12	SO,		2017	
	F	or cale	ndar year 2017 or other tax year beginning 06/0)1 ,;	2017, and ending		18 .			
Departme	ent of the Treasury		► Go to www.irs.gov/Form990T for instru					000	to Bublic Incocati	on for
	Revenue Service	▶ Do r	not enter SSN numbers on this form as it may be			zation is a 50°	I(c)(3).	501(c	n to Public Inspecti c)(3) Organizations	Only
$\mathbf{A} \square \stackrel{C}{a}$	heck box if ddress changed		Name of organization (Check box if name characteristics)	anged a	and see instructions)				identification nur	
		D.:	TEACH FOR AMERICA, INC				(Em	ployees	s' trust, see instruct	tions)
	1(C)(3)	Print or	Number, street, and room or suite no. If a P.O. box,	see in:	structions			13	3-3541913	
		Туре	25 BROADWAY 12TH FLOOR		_				business activity o	codes
□ 40	8A 🗌 530(a)	.,,,,	City or town, state or province, country, and ZIP or	foreign	postal code		(See	ınstru	uctions)	
□ 52	9(a)		NEW YORK, NY 10004				9(20099	·	
C Book	yalue of all assets of year	F Gr	oup exemption number (See instructions.) ▶						
	436,749,428	G Ch	eck organization type 🕨 🔽 501(c) corp	oratio	on 501(c)	trust [] 401(a	a) trus	st 🗌 Other	trust
H De	scribe the organi	izatior	's primary unrelated business activity.	· IT S	SERVICES					
l Du	ring the tax year, v	vas the	e corporation a subsidiary in an affiliated grou	up or a	a parent-subsidiary	controlled g	roup?	1	▶ 🗌 Yes 🗸	No
lf "	Yes," enter the n	name a	and identifying number of the parent corp	oratio	on. ▶					
J The	e books are in ca	are of I	JOSHUA GRIGGS, EVP, TALENT/OPER	ATION	IS & CFO Teleph	none numbe	r ▶		(212) 279-2080)
Part	Unrelated	Trad	e or Business Income		(A) Income	(B) E)	penses		(C) Net	
1a	Gross receipts	or sale	es 0							
b	Less returns and all			1c	0		1			
2	Cost of goods s	old (S	chedule A, line 7)	2	0					
3	-		line 2 from line 1c	3	0	1			0	
4a	•		ne (attach Schedule D)	4a	0				0	
b			1797, Part II, line 17) (attach Form 4797)	4b	0				0	
С			n for trusts	4c	0				0	
5	•		erships and S corporations (attach statement)	5	0				0	
6	• •	•	le C)	6	0	-	0		0	
7	•		ed income (Schedule E)	7	0		0		0	
8			and rents from controlled organizations (Schedule F)	8	0		0		0	
9		•	tion 501(c)(7), (9), or (17) organization (Schedule G)	9	0		0		0	
10			ivity income (Schedule I)	10	0		0		0	
11			Schedule J)	11	0		0		0	
12	_	-	ructions; attach schedule)	12	92,898	 			92,898	
13			3 through 12	13	92,898		0		92,898	
Part	Deductions	s Not	Taken Elsewhere (See instructions for			tions) (Exc		r con		
			be directly connected with the unrelate				op: .o			
14			cers, directors, and trustees (Schedule K)		JED I.		. 1	14	0	
15	Salaries and wa			CE	VED US		.	15	243	
16		-	ance		191		.	16	0	
17	Pad dabta			. n. n	3 5050 \oldots		.	17	0	
18	Interest (attach	sched	ons (See instructions for limitation rules) Form 4562) imed on Schedule A and elsewhere on re	KA	5 5050 SS		.	18	0	
19	Taxes and licen	ses .						19	269	
20	Charitable conti	ributio	ons (See instructions for limitation rules)	YGD	المال		.	20	0	
21	Depreciation (at	ttach f	Form 4562)		21	0				
22	Less depreciation	on cla	imed on Schedule A and elsewhere on re	turn	22a	0		22b	o	
23	Depletion	011 010			· · <u> — - </u>			23	0	
24			rred compensation plans					24	8	
25			grams					25	27	
26			nses (Schedule I)]	26	0	L
27	•		ests (Schedule J)				•	27	0	
28		•	ach schedule)				•	28	96,155	
29		-	Id lines 14 through 28				18	2 9	96,702	-
2 9 30			xable income before net operating loss de				· · ·	30	(3,804)	
30 31			duction (limited to the amount on line 30)				'`	31	(3,804)	
31 32	Haralatad busin	vaa ue	exable income before specific deduction.	Cubt-		 ine 30	31	32	(3,804)	
								33	(3,604)	
33 34			ienerally \$1,000, but see line 33 instruction taxable income. Subtract line 33 from lii					33		
34			ero or line 32					ا ہ	(3,804)	
<u></u>				•	·		·/\	34	(3,804) Form 990-T	(2017
ror Pa	hermork Hearctic	JII AÇT	Notice, see instructions.		Cat No 11291J				ronn aau- I	(2017

:		O-T (2017)			Page 2
•	Part				
•	35	Organizations Taxable as Corporations. See instructions for tax computations	ion. Controlled grou		
		members (sections 1561 and 1563) check here ▶ ☐ See Instructions and:		g	
	а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brace	kets (in that order):	3, 1	4
•		(1) \$ (2) \$ (3) \$		1	
1	b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$		
1	_	(2) Additional 3% tax (not more than \$100,000)	s	- 	
	c	Income tax on the amount on line 34		▶ 35c	اه
ļ	36	Trusts Taxable at Trust Rates. See instructions for tax computati			
-	-	the amount on line 34 from: Tax rate schedule or Schedule D (Form 104)		▶ 36	
'	37	Proxy tax. See Instructions	•	37	
	38	Afternative minimum tax		38	
•				39	
	39	Tax on Non-Compliant Facility Income. See instructions			
	40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<u></u>	40	0]
		Tax and Payments		Popular	
	41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		
	þ	Other credits (see instructions)	41b	— [`	
	C	General business credit. Attach Form 3800 (see Instructions)	41c		
	d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
	e	Total credits. Add lines 41a through 41d		41e	0
	42	Subtract line 41e from line 40		42	0
	43	Other taxes, Check If from: 🔲 Form 4255 🗍 Form 8611 🔲 Form 8697 🗍 Form 8866 🔲	Other (attach schedule) .	43	0
	44	Total tax. Add lines 42 and 43		44	0
•	45a	Payments: A 2016 overpayment credited to 2017	458		
	ь	2017 estimated tax payments	45b 0		
	С	2017 estimated tax payments	45c 93,000	1/** .1	
	d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		
	в	Backup withholding (see Instructions)	45e		
	f	Credit for small employer health insurance premiums (Attach Form 8941) .	45f	14.5	
	g	Other credits and payments:			1
	_		45a 0		
	46	Total payments. Add lines 45a through 45g		46	93,000
ı	47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			0
i	48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		▶ 48	0
,	49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amoun			93,000
4	250	Enter the amount of line 49 you want. Credited to 2018 estimated tax ▶ 1,91	•		91,089
	Part				
1.		At any time during the 2017 calendar year, did the organization have an interes		r other au	thority Yes No
	٠.	over a financial account (bank, securities, or other) in a foreign country? If YE	-		to file
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, er			ountry 1971
		here >		•	- 7
!	52	During the tax year, did the organization receive a distribution from, or was it the granto	r of, or transferor to, a	foreign tru	st?
	-	If YES, see instructions for other forms the organization may have to file.	, vi, vi aminioi i i i a		
	53	Enter the amount of tax-exempt interest received or accrued during the tax year	or ▶ \$		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules		e best of my l	
ĺ	Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi	ch preparer has any knowle	dge.	e IRS discuss this return
	Here	1 SD4 HOOD EVE TALEN	T/OPERATIONS & CF	with th	e preparer shown below
i	. 1016	Signature of officer Date Title		(see ins	tructions)? [Yes No
:		Print/Type preparer's name Preparer's signature	Date		PTIN
	Paid	WRISTIN ANDERSON 2 T THE C. Land	3/23/2020	Check self-employ	' IT
	Prepa	CPOW/EILP	J.ESIEUEU		
!	Use (THE POWER FOR THE CHARLES OF COORSE	 	Firm's EIN	
		Firm's address ► 1/5 POWDER FOREST DRIVE, SIMSBURY, CT 06089-7902		Phone no.	(860) 678-9200

Form **990-T** (2017)

2

Sche	dule A-Cost of Goods Sold	Ente	r method of ir	rvento	ory va	luation >		*				
1	Inventory at beginning of year	1	0	1	6	Inventory a	at e	end of year	6		0	
2	Purchases	2	0		7			ods sold. Subtract				
3	Cost of labor	3	0		1	line 6 from	m line 5. Enter here and					
4a	Additional section 263A costs					in Part I, lir	ne	2	7]	o	
	(attach schedule)	4a		1	8	Do the rul	les	of section 263A (wit	h res	pect to	Yes	No
b	Other costs (attach schedule)	4b	0					duced or acquired for		•		
5	Total. Add lines 1 through 4b	5	0			to the orga	ani	zation?				
Sche	dule C-Rent Income (From	Real	Property and	Pers	sonal	Property	Le	ased With Real Pro	perty	/)		
(see	instructions)									•		
1. Desc	nption of property											
(1)												
(2)												
(3)												
(4)												
	2. Rent re	ceived	or accrued									
	om personal property (if the percentage of repersonal property is more than 10% but no more than 50%)		(b) From real ar percentage of rent 50% or if the rent	for pers	onal pro	perty exceeds		3(a) Deductions directly in columns 2(a) and				е
(1)												
(2)												
(3)												
(4)												
Total	111	0 T	otal				0	(h) Total doductions				
(c) Tot	al income. Add totals of columns 2(a	and 2	2(b) Enter					(b) Total deductions. Enter here and on page	1.			
here ar	nd on page 1, Part I, line 6, column (A)		. ▶				0					0
Sche	dule E—Unrelated Debt-Fina	nced	I Income (see	instru	ctions)						
	Description of debt-financed	propert	y			come from or debt-financed	L	3. Deductions directly condebt-finance	ed pro	perty		
	•	•	•		pro	perty	(Straight line depreciation (attach schedule)	(b) Other ded attach sch)		S
(1)							_	·	 	•		
(2)							T					
(3)							T					
(4)							T					
al	acquisition debt on or debt on or debt on or debt-financed debt	of or allo t-financ	idjusted basis ocable to ced property schedule)		4 di	olumn vided lumn 5		7. Gross income reportable (column 2 × column 6)		Allocable do mn 6 × total 3(a) and	of colu	
(1)						%				-		
(2)						%						
(3)						%	Ī					
(4)						%						
	•							nter here and on page 1, Part I, line 7, column (A).		r here and I, line 7, c		
Totals						>		0				0
	lividends-received deductions inclu								<u> </u>			0
										Form 9	90-T	(2017)

3

	— interest, Ann	uities, noyaities			Controlled Org	janizations (se	e instruc	tions)	
	e of controlled ganization	2. Employer Identification number		elated income e instructions)			5. Part of column 4 that is included in the controlling organization's gross income		eductions directly lected with income in column 5
(1)									
(2)									
(3)		_							
(4)									··
Nonexempt	Controlled Organiz	zations				· ·			
7. Ta	able Income	8. Net unrelated (loss) (see instruc			otal of specified yments made	10. Part of column included in the organization's groups and the control of the column in the column	controlling	conne	Deductions directly acted with income in column 10
(1)		-							
(2)									
(3)									
(4)									
						Add columns t Enter here and o Part I, line 8, co	on page 1,	Enter	columns 6 and 11 here and on page 1, , line 8, column (B)
Totals						<u> </u>	<u>C</u>		0
	scription of income	ncome of a Sec		3. dire	Deductions ctly connected	4. Set-aside	s	5. To and s	otal deductions set-asides (col 3
(4)				(απ	ach schedule)	(=1,51,03,100			plus col 4)
(1) (2)									
(3)				 			-		
(4)									
Totals		Enter here and Part I, line 9,							ere and on page 1, ine 9, column (B). 0
Schedule I	-Exploited Exe	empt Activity Inc	come, O	her Than	Advertising In	ncome (see inst	tructions)	
	ption of exploited activi	2. Gross	ome con	Expenses directly inected with oduction of unrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exp	enses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)		Enter here an page 1, Pal line 10, col	tl, pa	r here and on ge 1, Part I, 10, col (B).	1		<u> </u>	-	Enter here and on page 1, Part II, line 26
Totals		. ▶	0	0				· · · · · · · · · · · · · · · · · · ·	0
		ncome (see instru							
Part I	Income From P	eriodicals Repo	rted on	a Consoli	1	Γ'	1		
1.	Name of periodical	2. Gross advertisin income	a	3. Direct ertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read	dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
<u>(1)</u>				***				·-	
(2)				-	1				1
(3)					1				1
(4)									1
Totals (carry t	o Part II, line (5))	. ▶	0	0	0				000 T 1001

Part II Income From Periodi 2 through 7 on a line-b	•	on a Separat	e Basis (For ea	ach periodical	listed in Part I	, fill in columns		
1. Name of penodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)								
(2)								
(3)								
(4)								
Totals from Part I ▶	0	0				0		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27		
Totals, Part II (lines 1-5) ▶	0	0				0		
Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)								

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0

Form 990-T (2017)

³ Form 990T Part I, Line 12	Other Income	
	Description	Amount
IT SERVICES		

Form 990T Part II, Line 19	Taxes and Licenses		
	Description		Amount
(1) TAXES AND LICENSES			269
		Total for Part II, Line 19	269

Form 990T Part II, Line 28

Other Deductions

Description	Amount
(1) TAX PREPARATION FEES	3,500
(2) PHONE/INTERNET EXPENSES	22,581
(3) SOFTWARE EXPENSES	32,957
(4) IT SERVICE FEES	33,803
(5) INSURANCE EXPENSES	3,314
	Total 96,155
Total for Part II, Li	ne 28 96,155

Form 990T Part II, Line 31

Net Operating Loss Deduction Carryforward Schedule

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2015	5,260	0	0	0	5,260	2035
2016	4,431	0	0	0	4,431	2036
2017	3,804	0	0	0	3,804	2037
Totals	13,495		0	0	13,495	

Teach for America,Inc. FEIN: 13-3541913

Tax Year Ending. 05/31/2018

The Form 990-T for the tax year ending 05/31/2018 is being amended due to the repeal of Section 512(a)(7) As a result, the following changes have been made

	Reason for change	(a) As originally reported	(b) Net change	(c) Correct amount
Income	- reason for change	Toportou	(b) Hot ondingo	
Line 12 - Other Income	Repeal of §512(a)(7)	417,191	(324,293)	92,898
Line 13 - Total Income	Repeal of §512(a)(7)	417,191	(324,293)	92,898
Deductions				
Line 30 - Unrelated business taxable income before net operating loss				
deduction	Repeal of §512(a)(7)	320,489	(324,293)	(3,804)
Line 31 - Net Operating Loss Deduction Line 32 - Unrelated business taxable	Repeal of §512(a)(7)	9,691	(9,691)	-
income before specific deduction	Repeal of §512(a)(7)	310,798	(314,602)	(3,804)
Line 33 - Specific Deduction	Repeal of §512(a)(7)	1,000	(1,000)	-
Line 34 - Unrelated Business Taxable				·
Income	Repeal of §512(a)(7)	309,798	(313,602)	(3,804)
Line 35c - Income tax on the amount on	3, 44 4 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		(,,	(-,,
line 34	Repeal of §512(a)(7)	87,931	(87,931)	-
Line 40 - Total Tax	Repeal of §512(a)(7)	87,931	(87,931)	-
Payments and Credits				
Line 45a - Overpayment in prior year				
allowed as a credit	Repeal of §512(a)(7)	-	-	-
Line 45b - Estimated tax payments Line 45c - Tax deposited with Form	Repeal of §512(a)(7)	-	-	-
8868	Repeal of §512(a)(7)	93,000	-	93,000
Line 45g - Other credits and payments	Repeal of §512(a)(7)			
Line 46 - Total Payments	Repeal of §512(a)(7)	93,000	-	93,000
Tax Due or Overpayment				
Line 48 - Tax Due	Repeal of §512(a)(7)	-	-	-
Line 49 - Overpayment Line 50 - Enter the amount of overpayment you want:	Repeal of §512(a)(7)	1,911	91,089	93,000
	to 2018 estimated tax	1,911	Refunded 🕨	91,089