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Å	00 ¥	- E	Exempt Organization Busin	ess	Income Tax	Return		OMB No. 1545	i-0687
Form 3	90- T		(and proxy tax under					@@ 4	_
r49		For cale	ndar year 2018 or other tax year beginning 06/0	01 .:	2018. and ending 05/	31 . 20	19 .	201	8
Department	of the Treasury		► Go to www.irs.gov/Form9907 for instru						
•	renue Service	▶ Do i	not enter SSN numbers on this form as it may be				c}{3}.	Open to Public Ins 501(c)(3) Organiza	pection for tions Only
▲ ☐ Che	ck box if ress changed		Name of organization (Check box if name cha					yer identification	
	under section		TEACH FOR AMERICA, INC.		,			yees' trust, see ins	
_ `	C)(03)	Print	Number, street, and room or suite no. If a P.O. box	. see in:	structions.			13-3541913	
408(e		or Type	25 BROADWAY 12TH FLOOR			<u> </u>	E Unrela	ted business activ	/ity code
☐ 408A	 1	· ypc	City or town, state or province, country, and ZIP or	foreign	postal code		(See in	estructions.)	
☐ 529(a			NEW YORK, NY 10004	·	•			900099	
C Book yal	lue of all assets	F Gr	oup exemption number (See instructions.) ▶					
	460,149,310		neck organization type 🕨 🗸 501(c) corp		on 501(c) trus	st 🗆	401(a)	trust Ot	her trust
H Enter			rganization's unrelated trades or business					y (or first) unre	alated
trade	or business	here 🕨	IT SERVICES	. If o	nly one, complete Pa				
first i	in the blank s	pace a	it the end of the previous sentence, com						
			omplete Parts III-V.	•	•				
I Durin	g the tax year,	was the	e corporation a subsidiary in an affiliated grou	JD or a	a parent-subsidiary co	ntrolled an	pup? .	. ▶ ☐ Yes	✓ No
			and identifying number of the parent corp						_
			JOSHUA GRIGGS			e number		(212) 279-2	080
Part I	Unrelated	Trad	e or Business Income		(A) income	(B) Exp		(C) N	et
1a G	iross receipts	or sale	s 0						
b La	ess returns and a	illowance	s 0 c Balance ▶	1c	o				
2 C	ost of goods	sold (S	chedule A, line 7)	2	0				
			line 2 from line 1c	3	, 0				0
4a C	apital gain ne	t incon	ne (attach Schedule D)	4a	0				0
b N	let gain (loss)	(Form 4	1797, Part II, line 17) (attach Form 4797)	4b	, 0				0
	apital loss de		• •	4c	0				0
5 In	come (loss) froi	m a part	nership or an S corporation (attach statement)	5	0				0
			le C)	6	0		0		0
,			ed income (Schedule E)	7	0		0		0
			and rents from a controlled organization (Schedule F)	8	0		0		0
			tion 501(c)(7), (9), or (17) organization (Schedule G)	9	0		0		0
			vity income (Schedule I)	10	0		0	1	0
	dvertising inc			11	0		0		0
			ructions; attach schedule)	12	81,160	·		81,1	60
			3 through 12	13	81,160		0	81,1	
Part II	Deduction	s Not	Taken Elsewhere (See instructions for	limita	ations on deduction	ıs.) (Exce	pt for c		
,	deductions	s must	be directly connected with the unrelate	ed bus	siness income.)	, (
14 <u>C</u>			ers, directors, and trustees (Schedule K)				14	4	0
15 S	alaries and wa	ages			ECEIVED .	1	19	5	0
	epairs and ma	aintena	nce			.	10	6	0
	ad debts .			.AP	R.2.2 2020 · S]	1	7	0
18 ⊝ In	iterest (attach	sched	ule) (see instructions)			ļ.,	18	В	0
19 ² Ta	axes and licer	nses .		00	BDEN; UT		19	9 5	50
20 C	haritable conf	tributio	ns (See instructions for limitation rules)		DEN, UI.		20	D	0
21 D	epreciation (a	ittach F	form 4562)		. 21	o			
22 Lo	ess depreciati	ion clai	med on Schedule A and elsewhere on ret	turn .	. 22a	0	22	<u>b</u>	0
23 D	epletion						2:	3	0
24 C	ontributions t	o defer	red compensation plans				2	4	0
			grams				2	5	0
26 E	xcess exemp	t expen	ses (Schedule I)				20	6	0
27 E:	xcess readers	ship co	sts (Schedule J)				2	7	0
28 O	ther deductio	ns (atta	ach schedule)				2		60
			d lines 14 through 28				25 2		$\overline{}$
			cable income before net operating loss de			rom line 1	3 3		iO)
			ting loss arising in tax years beginning on or						
			xable income. Subtract line 31 from line 3		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<i>h</i> 3		iO)
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2018 Pature Touch for America Va

Total of unrelated business taxable income computed from all unrelated trades or businesses (see Instructions) Amounts paid for deallowed fringes Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see Instructions) Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 38 and 34 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) Specific deduction (Generally \$1,000, but see line 37 from line 36. If line 37 instructions for exceptions) Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, de,850) Trusts Tax Computation Organizations Taxable as Corporationa. Multiply line 38 by 21% (0,21). Trusts Taxable as Trust Ratas. See instructions for tax computation. Income tax on the arrount on line 38 from: Tax rate schedule or Schedule D (Form 1041). Alternative minimum tax (frusts only) Tax on Moncompitant Facility income. See Instructions Tax on Moncompitant Facility income. See Instructions As Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). Tax and Payments Tax and Payments Center to prior year minimum tax (statch Form 3800 (see instructions). General business credit. Attach Form 3800 (see instructions). General business credit. Attach Form 3800 (see instructions). General business credit. Attach Form 8867 Form 8887 Form 8888 Other credits, Add lines 48 and 47 (see instructions). General business credit. Attach Form 8866 Form 8867 Form 8888 Other credits, add lines enstructions). General business credit. Attach Form 8866 Form 243 Form 8841 Form 438	Part	Total Unrelated Business Taxable Income			
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49 2018 net 965 tax llability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	48	Total tax. Add lines 46 and 47 (see instructions)	48	0	
Payments: A 2017 overpayment credited to 2018 b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments:			49		
Tax deposited with Form 8868			EX. 7		 -
Tax deposited with Form 8868	b	2018 estimated tay payments	- ;∗'		
Foreign organizations: Tax paid or withheld at source (see instructions)		To destinate lax payments	- - - - - - - - - - - - - - - - - - - -	}	
e Backup withholding (see instructions) f Credit for small employer health Insurance premiums (attach Form 8941) . g Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4138 ☐ Other ☐ 0 Total ▶ 50g ☐ 0 ☐ 51 Total payments. Add lines 50a through 50g ☐ 51 Z60.611 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ 52 ☐ 53 ☐ 54 Z60.611 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ☐ 54 Z60.611 55 Emer the amount of line 54 you want: Credited to 2019 estimated tax ▶ ☐ Refunded ☐ 55 Z60.611 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . 58 Enter the amount of tax—exempt interest received or accrued during the tax year ▶ \$ 0 ☐ S60.611 59 Enter the amount of tax—exempt interest received or accrued during the tax year ▶ \$ 0 ☐ S60.611	C	Tax deposited with Form 8868	- 6:		
f Credit for small employer health Insurance premiums (attach Form 8941) . 50f g Other credits, adjustments, and payments: Form 2439		· · · · · · · · · · · · · · · · · · ·	46.1		
Gither credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other ☐ 0 Total ▶ 50g ☐ 0 ☐ Form 4136 ☐ Other ☐ 0 Total ▶ 50g ☐ 0 ☐ Form 4136 ☐ Other ☐ 0 Total ▶ 50g ☐ 0 ☐ Form 4136 ☐ Form 4136 ☐ Other ☐ 0 Total ▶ 50g ☐ 0 ☐ Form 4136 ☐ Form 4136 ☐ Other ☐ 0 Total ▶ 50g ☐ 0 ☐ Form 4136 ☐ Form 4136 ☐ Other ☐ 0 Total ▶ 50g ☐ 0 ☐ Form 4136 ☐ Form 413			_1 : _1		
Total payments. Add lines 50a through 50g	f	Credit for small employer health insurance premiums (attach Form 8941) . 50f	164		
Total payments. Add lines 50a through 50g	q	Other credits, adjustments, and payments: Form 2439			
Total payments. Add lines 50a through 50g		□ Form 4138 □ Other □ Total ▶ 50g □			
52 Estimated tax penalty (see instructions). Check if Form 2220 is attached		Total payments Add lines 50a through 50a		260 611	
Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want. Credited to 2019 estimated tax ORGAN Refunded Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 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				200,011	
Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid The statements of line 54 you want: Credited to 2019 estimated tax O Refunded The statements Regarding Certain Activities and Other Information (see instructions) Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 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		·			
55 Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ 0 Refunded 55 260,611 Part VI Statements Regarding Certain Activities and Other Information (see instructions) 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . If "Yes," see instructions for other forms the organization may have to file. 58 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0 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		· · · · · · · · · · · · · · · · · · ·			
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here ▶ 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . If "Yes," see instructions for other forms the organization may have to file. 58 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 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		•	•		, 1 mg
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5B Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0 € 10 € 10 € 10 € 10 € 10 € 10 € 10			reign tru	ust? .	√
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		If "Yes," see instructions for other forms the organization may have to file.			21 ji
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	5B	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		0	4114
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the t			ed, it is
\$30\$11 i	Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	a		
		14/2/han			
Fee Instructional? Two Inc	mere	V EVF, TALENT, OFERATIONS & CT O			
Signature of Officer Date Inte			<u> </u>		
Paid Print/Type preparer's name Preparer's signature Date 4/9/2020 Check it PTIN PRINTING PRI	Paid	Print/Type preparer's name Preparer's signature/	heck [] if PTIN	
					300
Preparer Charles & CROWELLP	-	Terr Standard CROWELLE		07.000100	
Use Only	Use C	AND MADISON AVENUE TO CODE A NEW YORK AND STORE			
Firm's address ► 488 MADISON AVENUE, FLOOR 3, NEW YORK, NY 10022-5702 Phone no. (212) 572-5500 Form 990-T (2018)		FIRM'S EXCEPTS ► 400 NUMBEROUN AVERAGE, FLOUR S, INEXV TORK, NY 10022-3702	none no.		

Sche									age o
	dule A—Cost of Goods Sol	d. Ent	er method of	inventory v	/aluation ▶				-
1	Inventory at beginning of year	1	1	0 6	Inventory	at end of year	6	0	
`2	Purchases		2	0 7	Cost of	goods sold. Subtract			
3	Cost of labor		3	0	line 6 fron	line 5. Enter here and	1 1		
4a	Additional section 263A cos	ts 🗀	· ·		in Part I, li	ne 2	7	0	
	(attach schedule)	4	a	0 8	Do the ru	les of section 263A (w	ith respect to	Yes	No
ь	Other costs (attach schedule)	4	b	0	property p	roduced or acquired for	resale) apply		
5	Total. Add lines 1 through 4b	[0		anization?			7
	dule C—Rent Income (From instructions)	n Rea	l Property an	d Persona	al Property	Leased With Real Pro	operty)		_
1. Desc	ription of property		·						
(1)									
(2)					·		····		
(3)									
(4)				-					
•	2. Rent	receive	d or accrued						
	om personal property (if the percentage of personal property is more than 10% but a more than 50%)		(b) From real a percentage of rem 50% or if the ren		roperty exceeds	3(a) Deductions directi in columns 2(a) an	y connected with the d 2(b) (attach sched		е
(1)			*		-				
(2)									
(3)									
(4)									
Total		0	Total		· -	0 (2) 7-4-1			
	al income. Add totals of columns 2 nd on page 1, Part I, line 6, column ((b) Total deductions. Enter here and on page 0 Part I, line 6, column (B			0
	dule E—Unrelated Debt-Fir			e instruction	ıs)	oj Parti, inie o, columni (b			_
				2. Gross in	ncome from or	3. Deductions directly co	nnected with or alk	cable to	
	Description of debt-finance	ed prope	rty	allocable to	debt-financed				,
	1. Description of debt-finance	ed prope	rty		o debt-financed operty	(a) Straight line depreciation (attach schedule)	(b) Other de		•
Sche	1. Description of debt-finance	ed prope	rty 						
Sche (1)	1. Description of debt-finance	ed prope	nty						
(1) (2)	1. Description of debt-finance	ed prope	nty						
(1) (2) (3)	1. Description of debt-finance	ed prope	nty						'
(1) (2) (3) (4)	4. Amount of average 5. acquisition debt on or	Average of or a ebt-finar	adjusted basis illocable to need property schedule)	6. (eduction	ns
(1) (2) (3) (4)	4. Amount of average acquisition debt on or locable to debt-financed d	Average of or a ebt-finar	adjusted basis	6. (Column	(attach schedule) 7. Gross income reportable	8. Allocable d	eduction	ns
(1) (2) (3) (4)	4. Amount of average acquisition debt on or locable to debt-financed d	Average of or a ebt-finar	adjusted basis	6. (Column fivided solumn 5	(attach schedule) 7. Gross income reportable	8. Allocable d	eduction	ns
(1) (2) (3) (4) all pr	4. Amount of average acquisition debt on or locable to debt-financed d	Average of or a ebt-finar	adjusted basis	6. (Column fivided solumn 5	(attach schedule) 7. Gross income reportable	8. Allocable d	eduction	ns
(1) (2) (3) (4) (1) (2) (3)	4. Amount of average acquisition debt on or locable to debt-financed d	Average of or a ebt-finar	adjusted basis	6. (Column fivided column 5	(attach schedule) 7. Gross income reportable	8. Allocable d	eduction	ns
(1) (2) (3) (4)	4. Amount of average acquisition debt on or locable to debt-financed d	Average of or a ebt-finar	adjusted basis	6. (Column fivided solumn 5 %	(attach schedule) 7. Gross income reportable	8. Allocable d (column 6 x tota 3(a) and	eduction of columns (b) on pag	ns mns
(1) (2) (3) (4) all pr (1) (2) (3) (4) Totals	4. Amount of average acquisition debt on or locable to debt-financed d	Average of or a ebt-finar (attach	adjusted basis flocable to noed property schedule)	6. (Column fivided solumn 5 %	7. Gross income reportable (column 2 × column 6) Enter here and on page 1,	8. Allocable of (column 6 x total 3(a) and Part I, line 7, o	eduction of columns (b) on pag	ns mns

Schedule F-Interest, Ann	uities, Royalties,			Controlled Org	janizations (se	e instruc	tions)	
Name of controlled organization	2. Employer identification number	3. Net unre	lated income instructions)	1	5. Part of colum included in the o organization's gra	controlling	conn	eductions directly acted with income in column 5
(1)								
(2)								
(3)				ļ			ļ	
(4)		<u> </u>					_	
Nonexempt Controlled Organiz	zations				-			·
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of colun included in the organization's gr	controlling	conne	eductions directly cted with income in column 10
(1)			· - ·					
(2)								<u> </u>
(3)								
(4)								
					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11. nere and on page 1, line 8, column (B).
Totals					>			0
Schedule G-Investment I			3.	Deductions	Zation (see inside		5. To	otal deductions
1. Description of Income	2. Amount of	f income		ctly connected ach schedule)	(attach sched		and s	et-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)			-					
(4)	Enter here and Part I, line 9, c		•		<u> </u>			re and on page 1, ne 9, column (B).
Totals	De la companya da la		O The	Advantation to				0
Description of exploited activity	2. Gross unrelated	me conr	Expenses directly nected with duction of nrelated	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute	5. Gross income from activity that is not unrelated business income	6. Exp	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than
	33333	busin	ess income	cols. 5 through 7.				column 4).
(1)								
(2)						ļ		
(3)								
(4)	Enter here and page 1, Part line 10, col. (/	I, pag	here and on e 1, Part I, 10, col. (B).					Enter here and on page 1, Part II, line 26.
Totals	. ▶	0	0					0
Schedule J-Advertising I	ncome (see instru	ctions)						<u> </u>
Part I Income From P	eriodicals Repor	ted on a	Consoli	dated Basis				
1. Name of periodical	Gross advertising income		. Direct tising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)				1		l		† 1
(2)	<u> </u>			1		1		j i
(3)			-	1		•		1 .
(4)				1				1
Totals (carry to Part II, line (5)) .	. ▶	0	0	0				0 0 T 2019

Part II Income From Ported	solo Bonortos	on a Concret	a Basia /Can as		listed in Dort I	til in antone
Part II Income From Periodi		on a Separat	e basis (For ea	ich periodicai	listed in Part 1	i, iiii in columns
2 through 7 on a line-b	y-line basis.)					
1. Name of periodical	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				О

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** (2018)

Form 990T Part I. Line 12	Other Income	 	

<u> </u>	Description		Amount
IT SERVICES			
(1) IT SERVICES			81,160
		Total for Part I, Line 12	81,160

Form 990T Part II. Line 19	Taxes and Ucenses

	Description	Amount	\neg
IT SERVICES			\neg
(1) STATE TAXES PAID			550

Form 990T Rart II. Line 28

Other Deductions

Description		Amount
IT SERVICES		
(1) PROFESSIONAL FEES		9,300
(2) PHONE/INTERNET EXPENSES		4,613
(3) SOFTWARE EXPENSES		38,096
(4) IT SERVICE FEES		34,279
(5) INSURANCE EXPENSES		4,172
	Total	90,460

Form 990T Part II, Line 31 -Summary

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
2018	9,850		0	0	9,850
Totals	9,850	0	0	0	9,850

Form 990T Part III. Line 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018

` 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	0	13.495	

		 	
Form 990T Part V. Line 50b	Estimated Tax Payments		

	Oate		Amount
09/15/2018	<u> </u>		43,000
11/15/2018			43,000
02/15/2019			52,700
05/15/2019		_	53,000
		Totals	191,700