

July 28, 2022

TeachUNITED 19 Old Town Sq Ste 238 Fort Collins, CO 80524

Dear Heather,

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Best Regards,

Kurtz Fargo LLP

## Form 8879-TF

## IRS e-file Signature Authorization

ior a rax exempt entity	
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, 2021, and ending For calendar year 2021, or fiscal year beginning

OMB No. 1545-0047

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN TeachUNITED 83-3898017 Heather Hiebsch Name and title of officer or person subject to tax CEO Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ **1b** \_\_\_\_\_\_ **1 , 422, 680.** Form 990 check here X 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here ... > b Total tax (Form 1120-POL, line 22) Form 1120-POL check here ▶ 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) Form 990-PF check here 4a b Balance due (Form 8868, line 3c) 5b Form 8868 check here ...... 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here ..... 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here ..... **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here ..... b Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) 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 federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on the payment of the federal tax 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize KURTZ FARGO LLP 84812 \_\_ to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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. Signature of officer or person subject to tax **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 84683698413 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ Meghan Hays \_\_\_\_\_ Date ▶ 07/28/22

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

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

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print TeachUNITED 83-3898017 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 19 Old Town Sq Ste 238 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Fort Collins, CO 80524 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) Brian Cathcart ullet The books are in the care of llet 19 Old Town Sq Ste 238 - Fort Collins, CO 80524 Telephone No. ► 970-305-2902 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 TINs of all members the extension is for. I request an automatic 6-month extension of time until November 15, 2022 to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

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

Form **8868** (Rev. 1-2022)

Mail to: Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0045

instructions

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

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

Department of the Treasury

Preparer

Use Only

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change TeachUNITED Name 83-3898017 Doing business as change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 970-305-2902 19 Old Town Sq Ste 238 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended Fort Collins, CO 80524 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Heather Hiebsch Yes X No for subordinates? ..... same as C above **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ▶ teachunited.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Other > L Year of formation: 2019 M State of legal domicile: CO Association Part I Summary Briefly describe the organization's mission or most significant activities: TeachUNITED Activities & Governance (www.teachunited.org) is a global non-profit dedicated to reducing if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 929,065. 1,093,815. Contributions and grants (Part VIII, line 1h) 8 Revenue 223,950. 328,850. Program service revenue (Part VIII, line 2g) 97. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 1,422,680 1,153,112. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 641,350. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,032,361. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 140,890. 221,955. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,254,316. 782,240. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 370,872. 168,364. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 28 679,651. 715,937. 20 Total assets (Part X, line 16) 2,100. 134,178. 21 Total liabilities (Part X, line 26) 三年 545,473. 713,837 22 Net assets or fund balances. Subtract line 21 from line 20 ...... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Heather Hiebsch, CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 07/28/22 self-employed P01250229 Meghan Hays Meghan Hays Paid Firm's name KURTZ FARGO LLP Firm's EIN ▶ 27-3147421

Firm's address > 1470 Walnut Street, Ste 301

Boulder, CO 80302

May the IRS discuss this return with the preparer shown above? See instructions

Phone no. (720) 310-2078

X Yes

. ai	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  TeachUNITED is dedicated to reducing inequality through education.
	TeachUNITED focuses on empowering educators in rural, remote, and
	underserved communities where educational disparities are most acute.
	diderserved communicies where educational disparities are most acute.
	Did the annualization and adults and airmiff and annual and increased with the annual bid.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	Impact - direct service programs showed high impact with increases in
	student outcomes and teacher engagement.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$ ) (Revenue \$ )
	/=/polices + Indicating grants of the first file of the file of th

**4e** Total program service expenses ▶

## Form 990 (2021) TeachUNITED Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<del>ا</del>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			X
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		<b> </b> ₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			\ <sub>37</sub>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<del>170</del>		<del></del>
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
16		46		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1 37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Ves	Form	1990 (2021) TeachUNITED 83-	3898017	Р	age 4
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 29 if "Yes," complete Schedule is Part IX and if if it is a second organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? if "Yes," complete Schedule IX and to make a trave-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the ist day of the year, that was issued after December 31, 2002? If "Yes," answer lines 26s through 24d and complete Schedule K. If "No." ye to line 25e 24d.  24a Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  24b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  25c Section 50(16)3, 501(16)4, and 501(12)30 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Section 50(16)3, 501(16)4, and 501(12)30 organization sources benefit transaction than one bean reported on any of the organization spage in an excess benefit transaction than one bean reported on any of the organization spage in an excess benefit transaction has not been reported on any of the organization spage in an excess benefit transaction has not been reported on any of the organization spage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spage in any excess benefit transaction with a control of the organization organization and that the transaction has not been reported on any of the organization spage in any excess benefit transaction with a control of the organization provide a grant or other assistance to any out the or	Pai	rt IV Checklist of Required Schedules (continued)		,	
Part IX. column (A), line 27 if "Yes," complete Schedule I, Parts I and III 2  22 Did the organization answer "Yes" to Part IXI, Section A, Jine 3, 4 or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IXI 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," arawer lines 24b through 24d and complete Schedule IXI "No." go to fave E26a				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5, about compensation of the organization scurent and former officers, directors, trustees, key employees, and highest compensated employees? "Yes," complete Schedule L, "Yes," to make a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No." yo to line 25a  24b  Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds?  did Did the organization and at a an "on behalf of" issue for bonds beyond a temporary period exception?  24c  did Did the organization and at a an "on behalf of" issue for bonds outstanding at any time during the year?  24d  did Did the organization account of the standard of "Issuer for bonds outstanding and any time during the year?  24d  did be the organization account of the standard of "Issuer for bonds outstanding any time during the year?  24d  did be the organization account of the standard of "Issuer for bonds outstanding any time during the year?  24d  b is the organization account to the standard of "Issuer for bonds outstanding any time during the year?  25d Section 50(16), 50(16), 40(16), 40, and 50(16), 200 organizations by the degradization of the organization account that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a controlled any of the organization report any amount	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax-esempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," arower lines 24b through 24d and complete Schedule K. If "No.", go to live DESa.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Cold the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c Cold the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Old the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  24d Did the organization avaire that it engaged in an excess benefit transaction with a disqualified person during the year?  25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 990 or 990£27; if "Yes," complete Schedule L, Part I  25d Did the organization provide any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme or force, director, tustee, key employee, creator or founder, substantial contributor, or 39% controlled entity for family member of any of these persona? If "Yes," complete Schedule L, Part II  26 Did the organization provide a grant or other assistance to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity of name provide a grant or other assistance to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV instructions for applicable thing thr		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
Schedule //  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." yo to line 25a	23		nt		
24a D4 the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," ranswer lines 24b through 24d and complete Schedule K. If "No.", or to line 25a  b D4 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b  b D6 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c  d D6 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d  d D6 the organization as an "on behalf of "issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  d D6 the organization as an "on behalf of "issuer for bonds outstanding at any time during the year?  24d  D6 b I6 the organization as an "on behalf of "issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's profer Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I.  25c In the organization profer any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution or profering entire greater profering entire pr		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a b. Did the organization mest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b b. Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d d. Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d d. Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d d. Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d d. Did the organization are sees benefit transaction with a disqualified person during the year? 14f "Yes," complete Schedule L, Part I 25a section 501(28), 501(64), 4nd 501(6128) organization and that the transaction has not been reported on any of the organization spot on the sees sold on the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spot on the sees 500 or 900-22? If "Yes," complete Schedule L, Part I 25b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35c centrolled entity frouting an employee thereof) of family member of any of these persons? If "Yes," complete Schedule L, Part II 25c Did the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part II 25c Did the organization or eceive more than \$25c,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 25c Did the organization receive more than \$25c,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV 25c Did the organization related to any tax-exempt or transfer				X	
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any tax-exempt bonds? de the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25s Section 501(c)33, 501(c)43, and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25s bits the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization propriary a mount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any soft these persons? If "Yes," complete Schedule L, Part II 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II 27 28 Was the organization as party to a business transaction with one of the following parties (see the Schedule L, Part II 27 28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part II 28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part II 28b A family member of any individual described in line 28a? If "Yes," complete Schedule M 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 30 20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 30 20 Did the organization receive more than \$25,000 in non-cash contributions? If "	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		Schedule L, Part I	25b		X
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creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28a  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  29  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29  30  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N. Part I.  31  20  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.  31  32  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33  34  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35a  Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  36  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related org		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  28a  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 3596 controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization iguidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501c(X) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Section 501c(X) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 Did the organization complete Schedule R, Part V, line 2  38 Did the organization compl	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	,		
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  28a  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  "Yes," complete Schedule L, Part IV  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 11b and 19		creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control	olled		
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28c  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c  9 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 Did the organization one 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701:2 and 301.7701.3? If "Yes," complete Schedule R, Part II 32 Did the organization related to any ta-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 39 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 39 Did the organization conduct more than 5% of its activities throug		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	<b>27</b>		X
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   "Yes," complete Schedule L, Part IV  28a  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
"Yes," complete Schedule L, Part IV  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I.  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 51(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and 19?  Note: All Form 990		instructions for applicable filing thresholds, conditions, and exceptions):			
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, line 11b and 19? Note: All Form 990 filers are required to complete Schedule O or Part VI, line 11b and 19? Statements Regarding Other IRS Filings and Tax Compliance  Ch	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Х sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Х Did the sponsoring organization make any taxable distributions under section 4966? 9a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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

800						X					
Sec	tion A. Governing Body and Management										
_		Ι.	1 10		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	10								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	<b>1</b> b	0								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision								
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X					
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap										
	more members of the governing body?			7a		Х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st										
-				7b		х					
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			"							
		-	-	90	Х						
_				8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	Λ						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					v					
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)								
					Yes	No					
	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	re filing the form?	11a	X						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," a	escribe								
	on Schedule O how this was done			12c							
13	Did the organization have a written whistleblower policy?			13		Х					
14	Did the organization have a written document retention and destruction policy?			14		Х					
15	Did the process for determining compensation of the following persons include a review and approva										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,									
а	The organization's CEO, Executive Director, or top management official			15a		Х					
	Other officers or key employees of the organization			15b		X					
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	nent w	rith a								
100				16a		Х					
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			108		-25					
b		-	-								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			401							
800	exempt status with respect to such arrangements? tion C. Disclosure			16b							
17	List the states with which a copy of this Form 990 is required to be filed None		,								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	1-1 (section 501(c)(3)s	only)	availal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain		,								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict (	of interest policy, and	finand	cial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records 🕨								
	Brian Cathcart - 970-305-2902										
	19 Old Town Sq Ste 238, Fort Collins, CO 80524										

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	organization compensate (C)						(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle:	ss pei	more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Samantha R Stevens	40.00	-						100 107		
'Former' SR Director of Operations	40.00		_				Х	122,107.	0.	0.
(2) Heather W Hiebsch	40.00	.,		,,				115 740	0	•
CEO	10.00	Х		Х				115,749.	0.	0.
(3) Molly K Hoehn	40.00	37						111 550	0	0
Senior Director of Program	1 00	Х	_					111,558.	0.	0.
(4) Dirk Adams Director	1.00	Х						0.	0.	0.
(5) Stephanie Cornell	1.00	Λ						0.	0.	0.
Chair	1.00	Х						0.	0.	0.
(6) Scott Dooley	1.00	Λ	$\vdash$					0.	0.	0.
Treasurer	1.00	Х						0.	0.	0.
(7) Kago Kagachiri	1.00							•	0.	•
Director	1.00	х						0.	0.	0.
(8) Robin Mendelson	1.00	<u> </u>								
Director		Х						0.	0.	0.
(9) Robert Murphy	1.00							-	-	-
Director		Х						0.	0.	0.
(10) Kathy Bartlett	1.00									
Secretary		Х						0.	0.	0.
(11) Julian Farrior	1.00									
Director		Х						0.	0.	0.
(12) Gregg Goldenberg	1.00									
Director		Х						0.	0.	0.
	1									
		-								
	1	-	_							
		-								
	1	-				-				
		-								
										<b>5 990</b> (2221)

Par	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	<u>iH t</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(-1-		Pos				Reportable	Reportable	ا و	Es	timate	ed
		hours per					than		compensation	compensation			nount (	
		week					or/trus		from	from related			other	
		(list any	ctor						the	organizatior	าร	com	pensa	tion
		hours for	r dire				D G		organization	(W-2/1099-MI	SC/	fr	om the	Э
		related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	)	org	anizati	ion
		organizations	Il trus	nal tr		oyee	d mo		1099-NEC)			an	d relate	ed
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
		line)	pul	Inst	ij	Key	문등	For						
			ł											
							_							
			ł											
							_							
							_							
							├							
			ł											
							$\vdash$							
			ł											
								Ļ	240 414		_			
	Subtotal								349,414.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	349,414.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove	e) wh	o re	eceived more than \$100,	000 of reportable	е			2
	compensation from the organization												V	3
_													Yes	No
3	Did the organization list any <b>former</b> officer,	·	-	•	•	•		_	•	•			v	
_	line 1a? If "Yes," complete Schedule J for s											3	X	
4	For any individual listed on line 1a, is the su	•							•	•				v
_	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				•			•	dual for services		_		v
C	rendered to the organization? If "Yes." com	plete Schedule	Jf	or sı	ıch i	oers	on					5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest co										pensa	tion fro	om	
	the organization. Report compensation for	ine calendar ye	ear e	enair	ng w	ith c	or wi	tnin T		ear.				
	(A) Name and business	address	NTC	ONE	7				<b>(B)</b> Description of s	ervices		(Compe	<b>ر)</b> nsatior	า
	rame and business	444,000	TAC	)INI				_	2 dodniption of d	01 11000	<u> </u>	ompo	1001101	•
								1						
2	Total number of independent contractors (ii		ot lir	nited	of to	thos 1	se lis <b>1</b>	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	Lation					,						000	

Form 990 (2021) TeachUNITED
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a re	sponse (	or note to any lir	ne in this Part VIII			
								(A)	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
								Total revenue		business revenue	from tax under
											sections 512 - 514
ts st	1	а	Federated campaigns		1	la					
ir our		b	Membership dues		1	lb					
S, G		С	Fundraising events		1	lc					
ar H		d	Related organizations		1	ld					
is, (			Government grants (contr		′ –	le	103,372.				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts,	grant	s, and						
ig #			similar amounts not included	abov	re <u>1</u>	lf	990,443.				
할		g	Noncash contributions included in	lines 1	a-1f 1	g  \$					
S E		h	Total. Add lines 1a-1f					1,093,815.			
							Business Code				
မွ	2	а	Program Reven	ue			611110	328,850.	328,850.		
e Ķ		b									
Sugar		С									
ran ev		d									
Program Service Revenue		е									
<u>-</u>		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f				<b>)</b>	328,850.			
	3		Investment income (include	ling o	dividenc	ls, intere	st, and				
		other similar amounts)						15.			15.
	4		Income from investment of		-		roceeds				
	5		Royalties				<b></b>				
					(i) F	Real	(ii) Personal	_			
	6	а	Gross rents	6a				_			
		b	Less: rental expenses	6b				_			
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)	) <u></u>			<u>,</u>				
	7	а	Gross amount from sales of		(i) Sec	urities	(ii) Other	-			
			assets other than inventory	7a				-			
		b	Less: cost or other basis								
a le			and sales expenses	7b				-			
ther Revenue			Gain or (loss)								
8			Net gain or (loss)				<u>,</u>				
her	8	а	Gross income from fundraising	ng eve	ents (no	t					
8			including \$		(	of					
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses								
	_		Net income or (loss) from		-		<b>D</b>				
	9	а	Gross income from gamin								
			Part IV, line 19					-			
			Less: direct expenses				<u> </u>				
			Net income or (loss) from			rities	<b>D</b>				
	10	а	Gross sales of inventory, I								
			and allowances								
			Less: cost of goods sold								
_		С	Net income or (loss) from	sales	of inve	ntory	Business Oct				
ဋ							Business Code				
leor Le	11										
Miscellaneous Revenue		b									
sce Re		C	All adds an increase a					-			
Ξ̈́			All other revenue								
	40		Total rayanua Con instruction					1,422,680.	328 850	0.	15.
	12		<b>Total revenue.</b> See instruction	шs				r, =44,000 •	1 240,030•	ı •	T ) •

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## Part IX | Statement of Functional Expenses

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

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	• 1		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	349,414.	233,665.	115,749.	
6	Compensation not included above to disqualified	,		·	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	566,730.	465,240.		101,490.
8	Pension plan accruals and contributions (include	,	,		,
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	38,114.		38,114.	
10	Payroll taxes	78,103.		78,103.	
11	Fees for services (nonemployees):	70,1000		,0,100	
		1,735.		1,735.	
a	Management	32.		32.	
b	Legal	3,099.		3,099.	
C	Accounting	3,033.		3,033.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,				
	column (A), amount, list line 11g expenses on Sch 0.)	3,958.		3,958.	
12	Advertising and promotion	10,432.		10,432.	
13	Office expenses	42,362.		42,362.	
14	Information technology	44,304.		44,304.	
15	Royalties				
16	Occupancy	0 000	1 110	4 0.61	
17	Travel	8,980.	4,119.	4,861.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 201	10 251		
19	Conferences, conventions, and meetings	19,371.	19,371.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2 (22		2 622	
23	Insurance	3,632.		3,632.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	111 000		111 050	
а	Contract Labor	114,262.		114,262.	
b	Dues and subscriptions	6,532.		6,532.	
С	Payroll Service Fees	3,249.		3,249.	
d	Other admin expenses	2,224.		2,224.	
е	All other expenses	2,087.		2,087.	
25	Total functional expenses. Add lines 1 through 24e	1,254,316.	722,395.	430,431.	101,490.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (2021)

## Form 990 (2021) Part X Balance Sheet

		Check if Schedule O contains a response or	noto to		line in this Dort V			
		Check if Schedule O contains a response or	note to	any	IIII E III UIIS FAIL A	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				492,151.	1	690,937.
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				187,500.	4	25,000.
	5	Loans and other receivables from any curren	•		ĺ			
		trustee, key employee, creator or founder, su						
		controlled entity or family member of any of			*		5	
	6	Loans and other receivables from other disqu						
		under section 4958(f)(1)), and persons descri	-	-	· ·		6	
S	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
As	9						9	1
		Land, buildings, and equipment: cost or other		I				
		basis. Complete Part VI of Schedule D		0a				
	Ь	Less: accumulated depreciation		0b			10c	
	11	Investments - publicly traded securities	····· <u> </u>				11	1
	12	Investments - other securities. See Part IV, lii			12	1		
	13	Investments - program-related. See Part IV, li		13	1			
	14	Intangible assets				14	1	
	15	Other assets. See Part IV, line 11				15	1	
	16	Total assets. Add lines 1 through 15 (must e	679,651.	16	715,937.			
	17	Accounts payable and accrued expenses		0.	17	2,100.		
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Comple					21	
S	22	Loans and other payables to any current or f						
Liabilities		trustee, key employee, creator or founder, su						
ig		controlled entity or family member of any of					22	
Ë	23	Secured mortgages and notes payable to un					23	
	24	Unsecured notes and loans payable to unrela					24	
	25	Other liabilities (including federal income tax						
		parties, and other liabilities not included on li	lines 17	-24)	Complete Part X			
		of Schedule D				134,178.	25	0.
	26	Total liabilities. Add lines 17 through 25				134,178.	26	2,100.
		Organizations that follow FASB ASC 958,	check	here				
ses		and complete lines 27, 28, 32, and 33.						
anc	27	Net assets without donor restrictions					27	
Bal	28	Net assets with donor restrictions					28	
pu		Organizations that do not follow FASB AS						
Ē		and complete lines 29 through 33.						
, o	29	Capital stock or trust principal, or current fur		0.	29	0.		
set	30	Paid-in or capital surplus, or land, building, o				0.	30	0.
As	31	Retained earnings, endowment, accumulated				545,473.	31	713,837.
Net Assets or Fund Balances	32	Total net assets or fund balances				545,473.	32	713,837.
	33	Total liabilities and net assets/fund balances				679,651.	33	715,937.

Form **990** (2021)

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Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>1,42</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,25					
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>64.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	54	5,4	<u>73.</u>			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities							
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))							
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2021)			

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization TeachUNITED 83-3898017 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 exempt 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 organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				929,065.	1093815.	2022880.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				200 055	1000015	
4	Total. Add lines 1 through 3				929,065.	1093815.	2022880.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						000 000
	column (f)						207,252.
	Public support. Subtract line 5 from line 4.						1815628.
		( ) 0047	(1) 0040	( ) 0040	/ IN 0000	( ) 2224	(6) T
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020 929,065.	(e) 2021 1093815.	(f) Total 2022880.
	Amounts from line 4				929,003.	1093613.	2022000.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2022880.
12		etc (see instruction	l nel			12	2022000.
	First 5 years. If the Form 990 is for the			fourth or fifth tax			
10	organization, check this box and <b>stor</b>	•		*	•		<b>▶</b> X
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the					ore, check this box	c and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop h	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on lir	ne 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and	<b>stop here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicl	y supported organiz	zation	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	<b>&gt;</b>

TeachUNITED

## Schedule A (Form 990) 2021 TeachUNITED Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
<b>5</b> T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
<b>b</b> U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
<b>11</b> N a	dd lines 10a and 10b						
<b>12</b> C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						<b>&gt;</b>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		47	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Schedule A (Form 990) 2021 TeachUNITED 83-3898017 Page 4

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
3a		
3b		
3с		
00		
4-		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
iva		
401		
10b		1

Sche	dule A (Form 990) 2021 TeachUNITED	83-389801	7 Pa	age <b>5</b>
Pai	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•	•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	ntitv (see instructior	ıs).	
2	Activities Test. Answer lines 2a and 2b below.	, (	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- 52		
_	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021 TeachUNITED 83-3898017 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	•
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

TeachUNITED

83-3898017

## Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
Eric Roza	50,000.	9,542.
Jenny & Julian Farrior	50,000.	9,542.
Dale Thoms	50,000.	9,542.
Freddy & Gregg Goldenberg	150,000.	109,542.
Gene & Maria Frantz Family Fund	100,000.	59,542.
Janet & Jim Dulin	50,000.	9,542.
Total Excess Contributions to Schedule A, Part II, Line 5		207,252.

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

TeachUNITED

Employer identification number

83-3898017

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization Employer identification number

TeachUNITED 83-3898017

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Eric Roza  3370 4th Street  Boulder, CO 80304	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No2_	Name, address, and ZIP + 4  Jenny and Julian Farrior  933 Mapleton Avenue  Boulder, CO 80304	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Dale Thoms 425 College Avenue Boulder, CO 80302	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4  Freddy and Gregg Goldenberg  1722 Country Club Road  Wilmington, NC 28403	* \$ 100,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Maria and Eugene Frantz  870 Vista Road  Hillsborough, CA 94010	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Janet and Jim Dulin  33 Angela Lane  Edwards, CO 81632	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TeachUNITED 83-3898017

Part I	Contributors (see instructions). Use duplicate copies of Part I is	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Sita Foundation  19384 Chablis Court  Saratoga, CA 95070	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and 2n + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

TeachUNITED 83-3898017

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** TeachUNITED 83-3898017 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

## (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

TeachUNITED

Employer identification number 83-3898017

Pa	Part I Questions Regarding Compensation	<u>.</u>		
			Yes	No
<b>1</b> a	a Check the appropriate box(es) if the organization provided any of the following to or for a pers	son listed on Form 990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the	ese items.		
	First-class or charter travel Housing allowance or r	esidence for personal use		
	Travel for companions Payments for business	use of personal residence		
	Tax indemnification and gross-up payments Health or social club du	ues or initiation fees		
	Discretionary spending account Personal services (such	n as maid, chauffeur, chef)		
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding	ng payment or		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III	to explain 1b		
2	? Did the organization require substantiation prior to reimbursing or allowing expenses incurred	by all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on	line 1a?		
3	Indicate which, if any, of the following the organization used to establish the compensation of	the organization's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a	related organization to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment co	ntract		
	Independent compensation consultant Compensation survey of	or study		
	Form 990 of other organizations Approval by the board	or compensation committee		
4		o the filing		
	organization or a related organization:			
				X
		4b_		X
С		4c_		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item	ı in Part III.		
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5		e any compensation		
	contingent on the revenues of:	_		37
	a The organization?			X
b	b Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6		e any compensation		
	contingent on the net earnings of:			v
	a The organization?			X
b	b Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7				Х
_	not described on lines 5 and 6? If "Yes," describe in Part III			$\vdash$
8				v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			X
9	, , , , , , , , , , , , , , , , , , , ,			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 TeachUNITED 83-3898017 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Samantha R Stevens	(i)	122,107.	0.	0.	0.	0.	122,107.	0.
'Former' SR Director of Operations	(ii)		0.	0.	0.	0.		0.
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021	TeachUNITED	83-3898017	Page 3
Part III Supplemental Informa			
Provide the information, explana	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b	, 7, and 8, and for Part II. Also complete this part for any additional information	on.

## **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TeachUNITED

**Employer identification number** 83-3898017

Form 990, Part I, Line 1, Description of Organization Mission:
inequality through
education. TeachUNITED focuses on underserved communities where
educational disparities are most
acute. Together with school, district, and government partners,
TeachUNITED is working to provide all
educators with the skills needed to develop a student's full potential,
regardless of location or
socioeconomic status.
Activities
Data shows that teachers are one of the most important factors that
impact student achievement and
success. Yet, in small and rural school districts, teachers often lack
opportunities for ongoing professional
learning and support.
This is where TeachUNITED comes in. Partnering with schools, districts,
and governments in the United
States, Latin America, and East Africa, we support, energize, and
empower teachers with the skills
needed to set and reach ambitious student learning goals, so that every
student, everywhere has the
opportunity to learn.
Form 990, Part I, Line 1
TeachUNITED, (www.teachunited.org) is a global non-profit dedicated to
reducing inequality through education. TeachUNITED focuses on

Page 2

Schedule O (Form 990) 2021 Name of the organization **Employer identification number** TeachUNITED 83-3898017 underserved communities where educational disparities are most acute. Together with school, district, and government partners, TeachUNITED is working to provide all educators with the skills needed to develop a student's full potential, regardless of location or socioeconomic status. Activities The data show that teachers are one of the most important factors that impact student achievement and success. Yet, in small and rural school districts, teachers often lack opportunities for ongoing professional learning and support. This is where TeachUNITED comes in. Partnering with schools, districts, and governments in the United States, Latin America, and East Africa, we support, energize, and empower teachers with the skills needed to set and reach ambitious student learning goals, so that every student, everywhere has the opportunity to learn, progress in school, and thrive. TeachUNITED provides a sustainable solution. Data-driven programs - Teacher development designed to move the needle for students. Supportive partnerships - Strategic funding and operational partners support our growth. Sytemic Change - Supporting existing schools and teachers for widespread change. Form 990, Part VI, Section B, line 11b:

No review was or will be conducted.

Form 990, Part VI, Section C, Line 18: