

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

## 2004

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2004 calendar year, or tax year beginning 10/1/2004, and ending 9/30/2005

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization: TEACH FOR AMERICA  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 315 WEST 36TH STREET, 7TH FLOOR  
 City or town State or country ZIP + 4: NEW YORK NY 10018

**D** Employer identification number: 13-3541913

**E** Telephone number: 212-279-2080x104

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Website: \_\_\_\_\_

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 72,719,934

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

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number: \_\_\_\_\_

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received:		
a Direct public support <i>State ment 1</i>		
b Indirect public support		
c Government contributions (grants)		
d Total (add lines 1a through 1c) (cash \$ <u>53,214,173</u> noncash \$ <u>507,952</u> )		
2 Program service revenue including government fees and contracts (from Part VII, line 93)		
3 Membership dues and assessments		
4 Interest on savings and temporary cash investments		
5 Dividends and interest from securities		
6 a Gross rents		
b Less: rental expenses		
c Net rental income or (loss) (subtract line 6b from line 6a)		
7 Other investment income (describe _____)		
8 a Gross amount from sales of assets other than inventory <i>State ment 2</i>	(A) Securities (B) Other	
b Less: cost or other basis and sales expenses		
c Gain or (loss) (attach schedule)		
d Net gain or (loss) (combine line 8c, columns (A) and (B))		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a Gross revenue (not including \$ <u>1,874,866</u> of contributions reported on line 1a) <i>State ment 3</i>		
b Less: direct expenses other than fundraising expenses		
c Net income or (loss) from special events (subtract line 9b from line 9a)		
10 a Gross sales of inventory, less returns and allowances		
b Less: cost of goods sold		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		
11 Other revenue (from Part VII, line 103)		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		
13 Program services (from line 44, column (B))		
14 Management and general (from line 44, column (C))		
15 Fundraising (from line 44, column (D))		
16 Payments to affiliates (attach schedule)		
17 Total expenses (add lines 16 and 44, column (A))		
18 Excess or (deficit) for the year (subtract line 17 from line 12)		
19 Net assets or fund balances at beginning of year (from line 73, column (A))		
20 Other changes in net assets or fund balances (attach explanation) <i>State ment 3</i>		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 1,510,382 noncash \$ 0)	1,510,382	1,510,382	1,510,382	
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	714,906	264,100	82,068	368,738
26	Other salaries and wages	19,726,689	16,188,475	1,113,842	2,424,372
27	Pension plan contributions	0			
28	Other employee benefits	2,016,810	1,504,944	82,084	429,782
29	Payroll taxes	1,729,727	1,375,133	56,389	298,205
30	Professional fundraising fees	118,977	100,000	7,793	11,184
31	Accounting fees	80,500	67,660	5,273	7,567
32	Legal fees	77,937	67,906	5,105	4,926
33	Supplies	310,768	200,305	108,885	1,578
34	Telephone	816,332	641,798	34,907	139,627
35	Postage and shipping	545,851	485,665	30,093	30,093
36	Occupancy	1,454,551	1,305,946	83,665	64,940
37	Equipment rental and maintenance	870,990	678,240	31,617	161,133
38	Printing and publications	1,363,044	1,111,730	183,764	67,550
39	Travel	3,976,546	3,537,127	199,736	239,683
40	Conferences, conventions, and meetings	270,232	189,162	32,428	48,642
41	Interest	78,027	70,224	4,393	3,410
42	Depreciation, depletion, etc. (attach schedule)	658,026	474,846	142,474	40,706
43	Other expenses not covered above (itemize): a insurance	145,775	71,822	61,641	12,312
	b Consulting Fees	372,576	282,686	36,914	52,976
	c Student Lodging and Meals	3,413,121	3,413,121		
	d Alumni Costs	457,403	457,403		
	e Bad Debt Expense	12,422	12,422		
	f Fees and Other	210,104	83,392	21,184	105,528
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	40,931,696	34,094,489	2,324,255	4,512,952

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ ;  
 (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Statement 4	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a TEACHER RECRUITMENT AND SELECTION - <i>Statement 6</i> (Grants and allocations \$ 1,478,019)	10,824,851
b PRE SERVICE INSTITUTE - <i>Statement 6</i> (Grants and allocations \$ none)	8,183,947
c PLACEMENT, PROFESSIONAL DEVELOPMENT, AND OTHER - <i>Statement 6</i> (Grants and allocations \$ 32,363)	15,085,691
d (Grants and allocations \$ )	
e Other program services (attach schedule) (Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	34,094,489

**Part IV Balance Sheets** (See page 25 of the instructions.)

				(A)		(B)	
				Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.							
Assets	45	Cash—non-interest-bearing		4,667,370	45	3,165,967	
	46	Savings and temporary cash investments		7,761,493	46	8,741,094	
	47 a	Accounts receivable	47a	0			
	b	Less: allowance for doubtful accounts	47b	0	0	47c	0
	48 a	Pledges receivable <i>Statement 7</i>	48a	28,068,484			
	b	Less: allowance for doubtful accounts	48b	1,188,288	13,995,043	48c	26,880,196
	49	Grants receivable			8,060,390	49	4,919,383
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			0	50	0
	51 a	Other notes and loans receivable (attach schedule) <i>Statement 8</i>	51a	3,839,037			
	b	Less: allowance for doubtful accounts	51b	440,277	2,766,067	51c	3,398,759
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			159,940	53	
	54	Investments—securities (attach schedule) <i>Statement 9</i> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			12,819,856	54	14,804,532
	55 a	Investments—land, buildings, and equipment: basis	55a	0			
	b	Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0
56	Investments—other (attach schedule)			0	56	0	
57 a	Land, buildings, and equipment: basis	57a	5,134,324				
b	Less: accumulated depreciation (attach schedule)	57b	2,755,197	1,778,035	57c	2,379,127	
58	Other assets (describe <i>▶ See attached worksheet Statement 10</i> )			1,356,648	58	1,072,137	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)			53,364,842	59	65,361,195	
Liabilities	60	Accounts payable and accrued expenses		2,604,894	60	2,703,022	
	61	Grants payable		4,424,859	61	2,463,699	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b	Mortgages and other notes payable (attach schedule)			0	64b	0
	65	Other liabilities (describe <i>▶</i> )			1,015,162	65	1,289,498
66	<b>Total liabilities</b> (add lines 60 through 65)			8,044,915	66	6,456,219	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67	Unrestricted		29,950,890	67	31,142,511	
	68	Temporarily restricted		11,796,226	68	24,164,654	
	69	Permanently restricted		3,572,811	69	3,597,811	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.						
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)			45,319,927	73	58,904,976	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)			53,364,842	74	65,361,195	

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

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	54,870,481
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ -168,860		
(2)	Donated services and use of facilities \$ 353,736		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$ 0		
	Add amounts on lines (1) through (4)	<b>b</b>	184,876
<b>c</b>	Line a minus line b	<b>c</b>	54,685,605
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	54,685,605

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	41,285,432
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 353,736		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	<b>b</b>	353,736
<b>c</b>	Line a minus line b	<b>c</b>	40,931,696
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	40,931,696

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name WENDY KOPP Str 315 WEST 36TH ST City NEW YORK ST NY ZIP 10018	Title PRESIDENT Hr/WK 40	206,000	16,960	0
Name GERALD HAUSEF Str 315 WEST 36TH ST City NEW YORK ST NY ZIP 10018	Title CHIEF OPER. O Hr/WK 40	126,160	7,142	0
Name KEVIN HUFFMAN Str 315 WEST 36TH ST City NEW YORK ST NY ZIP 10018	Title DEVELOPMENT Hr/WK 40	154,989	10,936	21,396
Name JONATHAN TRAV Str 315 WEST 36TH ST City NEW YORK ST NY ZIP 10018	Title FIN. AND ADMIN Hr/WK 40	130,200	17,494	0
Name APRIL BROOKS Str 315 WEST 36TH ST City NEW YORK ST NY ZIP 10018	Title ASSIST. TO PR Hr/WK 40	76,161	5,579	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 76 through 92 regarding organizational activities, financials, and compliance.

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	804,617	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	259,321	
<b>101</b> Net income or (loss) from special events			01	-100,882	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a _____					
b <u>MERCHANDISE SALES</u>			01	424	
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		963,480	0
<b>105</b> Total (add line 104, columns (B), (D), and (E))					963,480

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

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

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

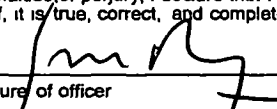
(a) Did the organization, during the year, receive any funds, directly or indirectly, from a personal benefit contract?  Yes  No

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

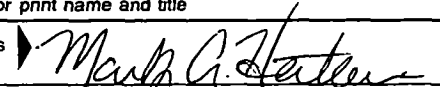
**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, and all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer:   
**MIGUEL ROSSY, SVP OF FINANCE AND ADMINISTRATION**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: **WTAS 452 5TH AVENUE, 23RD FLOOR  
 NEW YORK, NY 10018**

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

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

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

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

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

TEACH FOR AMERICA

13-3541913

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name PETER HAMLEN Str C/O TEACH FOR AMERICA City ST Zip Country	Title VP OF TECH Avg hr/wk 40	137,392	10,020	
Name DIANE ROBINSON Str C/O TEACH FRO AMERICA City ST Zip Country	Title GR. STRAT VP Avg hr/wk 40	128,700	8,384	664
Name IRIS CHEN Str C/O TEACH FOR AMERICA City ST Zip Country	Title EXECUTIVE DIRE Avg hr/wk 40	132,600	10,398	30,948
Name MELISSA GOLDEN Str C/O TEACH FOR AMERICA City ST Zip Country	Title SVP MARKETING Avg hr/wk	131,106	21,872	
Name DANIEL OSCAR Str C/O TEACH FOR AMERICA City ST Zip Country	Title VP OF PROGRAM Avg hr/wk	129,200	11,743	
Total number of other employees paid over \$50,000	218			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Name COWBOY CARPENTRY Str 554 WEST 50TH STREET City NEW YORK ST NY ZIP 10019 Country	OFFICE CONSTRUCTION	487,255
Name MONITOR COMPANY LP Str D# 3660 City BOSTON ST MA ZIP 02241-3660 Country	HUMAN RESOURCES CONSULTING	211,377
Name KPMG Str DEPT 0511 PO BOX 120001 City DALLAS ST TX ZIP 75312-0511 Country	AUDITING	79,000
Name Str City ST ZIP Country		
Name Str City ST ZIP Country		
Total number of others receiving over \$50,000 for professional services	NONE	

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

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, financial transactions, and grant management.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [ ] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11 a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11 b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	37,218,104	38,753,991	23,981,654	25,095,068	125,048,817
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	586,531	528,303	293,071	491,561	1,899,466
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	142,039	163,297	241,321	1,609,014	2,155,671
<b>23</b> Total of lines 15 through 22	37,946,674	39,445,591	24,516,046	27,195,643	129,103,954
<b>24</b> Line 23 minus line 17	37,946,674	39,445,591	24,516,046	27,195,643	129,103,954
<b>25</b> Enter 1% of line 23	379,467	394,456	245,160	271,956	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 2,582,079
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 5,400,000
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 129,103,954
d Add: Amounts from column (e) for lines: 18 1,899,466 19 0					26d 9,455,137
22 2,155,671 26b 5,400,000					26e 119,648,817
e Public support (line 26c minus line 26d total)					26f 92.68%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) ..... (2002) ..... (2001) ..... (2000) .....					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) ..... (2002) ..... (2001) ..... (2000) .....					
c Add: Amounts from column (e) for lines: 15 0 16 0					27c 0
17 0 20 0 21 0					27d 0
d Add: Line 27a total 0 and line 27b total 0					27e 0
e Public support (line 27c total minus line 27d total)					27f 0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g 0.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a [ ] if the organization belongs to an affiliated group. Check b [ ] if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

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

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include lines 36-44 for lobbying expenditures and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for years 2004, 2003, 2002, 2001, and Total. Rows include lines 45-50 for nontaxable amounts and lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

- a Volunteers
b Paid staff or management (Include compensation in expenses reported on lines c through h.)
c Media advertisements
d Mailings to members, legislators, or the public
e Publications, or published or broadcast statements
f Grants to other organizations for lobbying purposes
g Direct contact with legislators, their staffs, government officials, or a legislative body
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
i Total lobbying expenditures (Add lines c through h.)

Table with 3 columns: Yes, No, Amount. Rows correspond to items a through i.

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



# Application for Extension of Time to File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

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

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

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

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

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

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

• The books are in the care of ▶ BETTY CAINES, CONTROLLER

Telephone No. ▶ (212) 279-2080 FAX No. ▶ \_\_\_\_\_

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

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 05/15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20\_\_ or  
 ▶  tax year beginning 10/01, 2004 and ending 09/30, 2005

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \_\_\_\_\_ \$

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \_\_\_\_\_ \$

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \_\_\_\_\_ \$

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

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

Form **8868** (Rev. 12-2004)

**Line 90a (990) - States with which a copy of this return is filed**

Armed Forces the Americas  
 Armed Forces Europe  
 Alaska  
 Alabama  
 Armed Forces Pacific  
 Arkansas  
 American Samoa  
 Arizona  
 California  
 Colorado  
 Connecticut  
 District of Columbia  
 Delaware  
 Florida  
 Federated States of Micronesia  
 Georgia  
 Guam  
 Hawaii  
 Iowa  
 Idaho  
 Illinois  
 Indiana  
 Kansas  
 Kentucky

Louisiana  
 Massachusetts  
 Maryland  
 Maine  
 Marshall Islands  
 Michigan  
 Minnesota  
 Missouri  
 Commonwealth of the Northern Mariana Islands  
 Mississippi  
 Montana  
 North Carolina  
 North Dakota  
 Nebraska  
 New Hampshire  
 New Jersey  
 New Mexico  
 Nevada  
 New York  
 Ohio  
 Oklahoma  
 Oregon  
 Pennsylvania  
 Puerto Rico

Palau  
 Rhode Island  
 South Carolina  
 South Dakota  
 Tennessee  
 Texas  
 Utah  
 Virginia  
 U.S. Virgin Islands  
 Vermont  
 Washington  
 Wisconsin  
 West Virginia  
 Wyoming

*Statement 1*

**Line 1a (990) - Direct public support**

1	Contributions . . . . .	1	<u>45,376,660</u>
2	Non Cash Contributions . . . . .	2	<u>                  </u>
3	Membership dues and assessments (contributions from the public) . . . . .	3	<u>                  </u>
4	Government contributions (grants) . . . . .	4	<u>                  </u>
5	Commercial co-venture . . . . .	5	<u>                  </u>
6	Special events contributions (Line 9 - Special Events) . . . . .	6	<u>1,874,866</u>
7	-----	7	<u>                  </u>
8	-----	8	<u>                  </u>
9	-----	9	<u>                  </u>
10	<b>Total</b> . . . . .	<b>10</b>	<u><b>47,251,526</b></u>

*Statement 2*

**Line 8 (990) - Gain/loss from sale of assets other than inventory**

Totals:	Gross sales	Cost, other basis and expenses
Public Securities	17,902,298	17,642,977
Non-Public Securities	0	0
Other sales	0	0

Index	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)		Expense of sale and cost of improvements
										Cost	Donated value	
1	Raymond James	X							671,453		415,054	
2	Citigroup SSB (see Attached)	X							17,230,845	17,227,923		
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

To add more lines to this schedule, press CTRL+Q.



*Statement 3*

**Line 9 (990) - Special events and activities**

1 Special event name	Event A Annual Benefit	Event B Phoenix Gala	Event C Houston	All others Other Events	Totals
1a Number of special events					
2 Gross receipts	1,662,565	199,803	230,492	72,476	2,165,336
3 Less contributions	1,475,306	189,812	209,748		1,874,866
4 Gross revenue	187,259	9,991	20,744	72,476	290,470
5 Less direct expenses	354,577	13,771	13,697	9,307	391,352
6 Net income or (loss)	-167,318	-3,780	7,047	63,169	-100,882

**Line 20 (990) - Other changes in net assets or fund balances**

1 UNREALIZED LOSSES ON INVESTMENTS	1	-168,860
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	
10 Total	10	-168,860

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

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

**Line 22 (990) - Grants and allocations**

*STATEMENT 5*

	Check box if grantee is a business	Class of activity	Grantee's name	Address	City	State	Zip code	Amount given	Relationship
1		Financial Aid						1,478,019	
2		Education Awards						32,363	
3		Totals: . . . . .						1,510,382	

TEACH FOR AMERICA, INC  
 STATEMENT 6  
 FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ALLOCATION

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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
<p><b>TEACHER RECRUITMENT AND SELECTION:</b>            TFA RECRUITS AND SELECTS A TEACHING CORPS OF RECENT GRADUATES TO TEACH THE NATION'S MOST UNDERSERVED STUDENTS. THE RECRUITMENT AND SELECTION PROCESS CONSISTS OF SCHEDULING AND ATTENDING ON-AND OFF-CAMPUS RECRUITMENT EVENTS, PROCESSING APPLICATIONS (APPROXIMATELY 17,000 IN 2005), AND CONDUCTING DAYLONG INTERVIEW SESSIONS IN MULTIPLE SITES ACROSS THE COUNTRY. TFA HAD APPROXIMATELY 2,250 CORPS MEMBERS IN 2005</p>	1,478,019	10,824,851
<p><b>PRE-SERVICE INSTITUTE :</b>             FOR INCOMING CORPS MEMBERS, TFA CONDUCTS INTENSIVE SUMMER TRAINING INSTITUTES HELD ON UNIVERSITY CAMPUSES. IN 2005, INSTITUTES WERE HELD AT THREE CAMPUSES; UNIVERSITY OF HOUSTON, TEMPLE UNIVERSITY, AND CALIFORNIA STATE UNIVERSITY, LONG BEACH. AS PART OF TFA'S ONGOING RELATIONSHIP WITH THE HOUSTON INDEPENDENT SCHOOL DISTRICT, THE NEW YORK CITY DEPARTMENT OF EDUCATION, AND LOS ANGELES UNIFIED SCHOOL DISTRICT, CORPS MEMBERS TEACH STUDENTS WHO ARE ENROLLED IN HOUSTON'S, PHILADELPHIA'S AND LOS ANGELES PUBLIC SUMMER SCHOOL PROGRAMS</p>		8,183,947
<p><b>PLACEMENT, PROFESSIONAL DEVELOPMENT, AND OTHER</b>            TFA PLACES CORPS MEMBERS IN VARIOUS URBAN AND RURAL REGIONS OF THE UNITED STATES. IN EACH REGION TFA HAS REGIONAL OFFICES, WHICH ARE RESPONSIBLE FOR PLACING CORP MEMBERS IN SCHOOLS, MONITORING THEIR PROGRESS THROUGHOUT THE TWO-YEAR COMMITMENT, PROVIDING OPPORTUNITIES FOR ONGOING PROFESSIONAL DEVELOPMENT, AND HELPING CORPS MEMBERS TO FEEL PART OF A NATIONAL CORPS. IN 2005 TFA PLACED CORP MEMBERS IN 22 REGIONS.</p>	32,363	15,085,691
<b>TOTAL</b>	1,510,382	34,094,489

**Line 48 (990) - Pledges receivable**

*Statement 7*

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	1	14,298,264	28,068,484	303,221	1,188,288
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	11	14,298,264	28,068,484	303,221	1,188,288

**Line 51 (990) - Other notes**

*Statement 8*

Check here if a business	Borrower's name and Title	Original amount	Net balance due beginning of year	Balance due end of year	Allowance for doubtful accounts end of year
1 <input type="checkbox"/>	CORP MEMBERS		2,766,067	3,839,037	440,277
2 <input type="checkbox"/>			0		
3 <input type="checkbox"/>			0		
4 <input type="checkbox"/>			0		
5 <input type="checkbox"/>			0		
6 <input type="checkbox"/>			0		
7 <input type="checkbox"/>			0		
8 <input type="checkbox"/>			0		
9 <input type="checkbox"/>			0		
10 <input type="checkbox"/>			0		
11 <input type="checkbox"/>			0		
12 <input type="checkbox"/>			0		
13 <input type="checkbox"/>			0		
14 Totals		0	2,766,067	3,839,037	440,277

	Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

	Purpose of loan	Description & fair market value of consideration	Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

**Line 54 (990) - Investments - Securities**

*Statement 9*

Check one box below to indicate how securities are report:

Cost

End of year market value (FMV)

Securities at end of year	Number of shares/ face value	Value at time of donation	Beginning balance book value FMV	Ending balance book value FMV	
1					
2 COMMON STOCKS-Vanguard			2,236,590	4,196,732	
3 GOVERNMENT BONDS-Citi Group			10,583,266	10,567,297	
4 COMMON STOCKS -Vanguard			0	40,503	
5			0	0	
6			0	0	
7			0	0	
8			0	0	
9			0	0	
10			0	0	
11			0	0	
12			0	0	
13			0	0	
14			0	0	
15			0	0	
16			0	0	
17			0	0	
18			0	0	
19			0	0	
20			0	0	
21 Totals . . . . .	21	0	0	12,819,856	14,804,532

*Statement 10*

**Line 57 (990) - Land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	1		
2	2		
3	3		
4	4		
5	5		
6	6	0	0

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	7	2,287,190	2,753,096		
8	8	325,980	339,640		
9	9	1,262,037	2,041,588		
10	10			2,097,172	2,755,197
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17	17	3,875,207	5,134,324	2,097,172	2,755,197
18	18			1,778,035	2,379,127
19	19			1,778,035	2,379,127

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	1			
2	2			
3	3			
4	4			
5	5			
6	6			
7	7			
8	8			
9	9			
10	10			
11	11	0	0	0

**Line 58 (990) - Other assets**

		Beginning	End
1	1	2,969	2,333
2	2	98,669	141,937
3	3	1,118,576	812,118
4	4	136,434	115,749
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11	11	1,356,648	1,072,137



STATEMENT 11

TEACH FOR AMERICA, INC

13-3541913

FORM 990, SCHEDULE A – PART III LINE 3A – STATEMENTS ABOUT ACTIVITIES

**Financial Aid and Student Loans**

Teach For America offers grants and interest-free loans to help corps members transition into the corps. Packages range from approximately \$1,000 to \$6,000 and are based on an applicant's demonstrated need and the cost of transitioning to their assigned region. Approximately 60% of our incoming corps members apply for awards.

**Education Awards**

The education award is a credit in varying amounts up to of \$4,725 per year of service that corps members can use to pay back undergraduate debt on qualified loans and/or pay future educational expenses. These awards were provided by TFA as a result of a temporary lapse in Americorp funding in 2003.

**Teach For America  
Board of Directors**

**Stephen F. Bollenbach**  
C/O Teach for America  
315 West 36<sup>th</sup> Street  
New York, NY 10018

**John F. Hotchkis**  
C/O Teach for America  
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**Walter Isaacson (Chair)**  
C/O Teach for America  
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**Lew Frankfort**  
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**Wendy Kopp**  
President & Founder  
C/O Teach for America  
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**Sherry Lansing**  
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**Sue Lehmann**  
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**Teach For America  
Board of Directors**

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**Paula A. Sneed**  
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Board of Directors**

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**Gregory W. Wendt**  
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**Sir Howard Stringer**  
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**Jide Zeitlin (Treasurer)**  
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New York, NY 10018

**Lawrence J. Stupski**  
C/O Teach for America  
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New York, NY 10018

---

**Paul Mourning (Secretary)**  
C/O Teach for America  
315 West 36<sup>th</sup> Street  
New York, NY 10018

**G. Kennedy (Ken) Thompson (Vice Chair)**  
C/O Teach for America  
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