(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

2019

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

A	For the	e 2019 calen	dar year, or tax year beginning , 2019, and endin	g		, 20
В	Check i	f applicable:	C Name of organization Teach My People		D Empl	oyer identification number
	Address	s change	Doing business as		57-1	075900
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		hone number
\Box	Initial re	turn	P.O. Box 2848) 237-8737
\sqcap	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code		•	
百		ed return	Pawleys Island, SC 29585		G Gross	receipts \$ 716,386.
Ħ		tion pending	F Name and address of principal officer:	H(a) Is this a pro		or subordinates? Yes X No
ш		pononig	Eric Spatz, Post Office Box 2848, Pawleys Island, SC 295			
ī	Tax-exe	mpt status:	∑ 501(c)(3)			st. (see instructions)
<u></u>		e: ► N/A	<u> </u>	H(c) Group ex		•
<u>-</u> -		organization: X	Corporation ☐ Trust ☐ Association ☐ Other ► L. Year of formation			of legal domicile; SC
	art'	Summa		1000. 1999	Wi State	or legal dornicile, 5C
41	1					
Φ	1 '	Oneny des	cribe the organization's mission or most significant activities: Provi	de programs	for	at-risk children
Governance	1		ation provides academic assistance, character			
Ë	ا م		l and spiritual enrichment and physical activi			
o Ve	2		box ► ☐ if the organization discontinued its operations or disposed		1 1	
Ğ	3		voting members of the governing body (Part VI, line 1a)		3	14
Activities &	4	Number of	independent voting members of the governing body (Part VI, line 1b)		4	14
į	5				5	25
캻	6		per of volunteers (estimate if necessary)		6	75
₹	7a		ated business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelat	ed business taxable income from Form 990-T, line 39		7b	0.
	ŀ			Prior Year		Current Year
ø	8	Contributio	ns and grants (Part VIII, line 1h)	489,	545.	716,230.
Ę,	9		ervice revenue (Part VIII, line 2g)		15.	
Revenue	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)			156.
Œ	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-21,	704	-27,321.
	12		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	467,		689,065.
	13		similar amounts paid (Part IX, column (A), lines 1-3)	1017	050.	009,005.
	14	Benefits pa				
Ø	15		125	330 600		
Expenses	16a		ner compensation, employee benefits (Part IX, column (A), lines 5–10)	320,	133.	339,600.
Den	b		· · · · · · · · · · · · · · · · · · ·		0 ·	and the second that the second th
ᄍ	17					<u>- </u>
			nses (Part IX, column (A), lines 11a-11d, 11f-24e)	147,		203,462.
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	467,	$\overline{}$	<u>543,062.</u>
- 0	19	Revenue le	ss expenses. Subtract line 18 from line 12		200.	146,003.
S 0	1		-	Beginning of Curre		End of Year
ssel 3ala	20		s (Part X, line 16)	5 <u>53,</u>	451.	697,648.
Net Assets or Fund Balances	21		ies (Part X, line 26)..................	11,:	206.	9,400.
			or fund balances. Subtract line 21 from line 20	542,2	245.	688,248.
	art II'	Signatuı				
Une	der penal	Ities of perjury,	I declare that I have examined this return, including accompanying schedules and state	ments, and to the b	best of m	ny knowledge and belief, it is
	, correct	, and complete	Declaration of preparer (other than officer) is based on all information of which prepare	r nas any knowledg	ge.	
ο:-		1 40		10	ンク	9/2020
Sig	-	Signatu	re-of-officer	Date	7	
He	re	Eric	Spatz, Executive Director			
		Type or	print name and title			
Pa	٠. ا	Print/Type	preparer's name Preparer's signature Da	ate (Check [if PTIN
		Joan M	. Hodges, CPA goan m. Nodged CPA 1		sell-erre	-
	pare	F!!	" 1 2 1		117-116-6	2-3881729
US	e Onl	v ———	ress > PO Box 1917, Pawleys Island, SC 29585			\$\$) 237-8180
May	the IR		nis return with the preparer shown above? (see instructions) . 11			
			319	Vderozee PRO	រុំកូលទ	
	· aberm	ork reducti	on not notice, see the separate instructions. BAA	KANDSKOLKO		Form 990 (2019)

Part	III 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:
	Provide programs for at-risk children
	Organization provides academic assistance, character development,
	cultural and spiritual enrichment and physical activities to children
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
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 \$ 471,198. including grants of \$ 0.) (Revenue \$ 0.)
	Ministry dedicated to teaching children, youth and families
	<u>in the Waccamaw Neck area of Georgetown County, SC</u>
	to overcome academic, economic and social
	<u>Challenges through programs that address</u>
	educational, spiritual and emotional growth.
	\$
_	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	variation
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	^
	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 471, 198.

Part	IV Checklist of Required Schedules			· ago
			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	×	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	╁
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	1	×
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		×
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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			×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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? If "Yes," complete Schedule D, Part IV.	9	:	×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.		A STATE OF	
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	×	
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		×
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		×
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	_	×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	146		,
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	14b		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	_	×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	×	
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		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	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		×

Гал	Grecklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	_	Yes	No
	Part IX, column (A), line 2? If:"Yes," complete Schedule I, Parts I and III	22		×
23	Did the 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 J.			
24a		23	┼─	×
_	\$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," go to line 25a	24a		×
b		24b		
С	to defease any tax-exempt bonds?	24c		
d		24d		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u>L</u>	×
b	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 prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report 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 contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	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 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 Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	F. T	THE STATE OF	
а		28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 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		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	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, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
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		×
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 VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	\	<u> </u>	
4	Enter the number of the Day of the Appendix Day of the		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			۰. ۱۹۳۰ ۱۹۳۱ ۱۹۳۱ ۱۹۳۱ ۱۹۳۱ ۱۹۳۱ ۱۹۳۱ ۱۹۳۱
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		¥ "

Part	V: Statements Regarding Other IRS Filings and Tax Compliance (continued)				-		
						Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ſ		F	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		25			14.
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax ret	urns?	$\overline{\cdot}$	2b	×	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins			. 1	1		是新
За	Did the organization have unrelated business gross income of \$1,000 or more during the year			.	3a	المنتخبية المكار	×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 3		le O	.	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			wor			
-14	a financial account in a foreign country (such as a bank account, securities account, or other financial				4a		×
b	If "Yes," enter the name of the foreign country ▶	ioiai ao	ooung	·	- TO 6	7112112	T. 6"
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accoun	nte /FR	ΔR)		13.	\$ E
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		•	, 1	ж 5а	LUMB	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter				5b	_	×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	i lians	action	' }	5c	 	 ^
_	-			<u>,</u>	36		
6a	Does the organization have annual gross receipts that are normally greater than \$100,0 organization solicit any contributions that were not tax deductible as charitable contributions		a aia	tne	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such	contril	butions	s or			!
	gifts were not tax deductible?			.	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1	,	12	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partiy	for go	ods	1	1	2.5
	and services provided to the payor?			. [7a	×	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. [7b	<u></u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property	or whi	ch it v	was			
	required to file Form 8282?			. [7c		×
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d		:		, 15 (8.0)	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal I	enefit	contra	ct?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	fit con	tract?	. [7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as	s requir	ed?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	le a Fon	m 1098	-C? [7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintain	ed by	the	, , , , , , , , , , , , , , , , , , ,	2.4	V_{i}
	sponsoring organization have excess business holdings at any time during the year?			.	8		
9	Sponsoring organizations maintaining donor advised funds.				5 1 3	- E	i
а	Did the sponsoring organization make any taxable distributions under section 4966?			. [9a		**
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, and the sponsoring organization make a distribution to a donor advisor or the sponsoring organization make a distribution of the sponsoring organization or the sponsoring organization and the sponsoring organization or the sponsoring organization or the sponsoring organization or the sponsoring organization or the sponsoring or the sponsoring organization or the sponsoring or the sponsoring organization or the sponsoring organization or the sponsoring or the sponsoring or the sponsoring organization organization organization organization	son?		. [9b		
	Section 501(c)(7) organizations. Enter:				, k, }	: e <	, e
	Initiation fees and capital contributions included on Part VIII, line 12	10a			, <u>x</u>		100
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b	-	į		4	Metal South Care
	Section 501(c)(12) organizations. Enter:			;	7,	40 6	,
	Gross income from members or shareholders	11a		[:	- 1.	1 5 1	S.
	Gross income from other sources (Do not net amounts due or paid to other sources	 		─ ┤;	' ' '		,
	against amounts due or received from them.)	11b		<u>'</u> ;	3 1	स्य है	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	_	1041	2	12a	HALLES SALE	نحسمنا
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1 10-11	. !		1 5 4	1 3 9 1
	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU					2
	Is the organization licensed to issue qualified health plans in more than one state?			Ė	13a	· - ·	
	Note: See the instructions for additional information the organization must report on Schedul		• •	· '	Toa T		₹° 5 Tr
	- · · · · · · · · · · · · · · · · · · ·	io.)	100		£
	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	12h		1			20 27.
		13b			إد.	[44.4]	er.
		13c			2	H.E	3-4
	Did the organization receive any payments for indoor tanning services during the tax year?.	0-4			14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on				14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in	remun	eration				
	excess parachute payment(s) during the year?			•	15		F _*~ .
	If "Yes," see instructions and file Form 4720, Schedule N.			_ <u>`</u>			
	Is the organization an educational institution subject to the section 4968 excise tax on net inve	stment	incom		16	1	n -
	If "Yes." complete Form 4720. Schedule O.			Ĩ		. 4	14.

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.					
						(NO.13)
Secti	on A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14	Fal		5 10 5
	If there are material differences in voting rights among members of the governing body, or			1 19	1.14	E C
	if the governing body delegated broad authority to an executive committee or similar					3.3
	committee, explain on Schedule O.			Fig	1 130	يون ميار وا
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	14		N.	et.
2	Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee?			2		×
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or of			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form			4		×
5	Did the organization become aware during the year of a significant diversion of the organization	n's ass	ets? .	5		×
6	Did the organization have members or stockholders?			6		<u>×</u>
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		appoint	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?			7b		×
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:			To an and a second seco		5 p.s ^{1,2}
а	The governing body?			8a	×	<u>. ~</u>
b	Each committee with authority to act on behalf of the governing body?			8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule (t be rea		9		
Secti	on B. Policies (This Section B requests information about policies not required by the		al Reven		ode.)	
	<u> </u>			<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exem			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before			11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ū		4 :)	;	[C
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to o	conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the predescribe in Schedule O how this was done	olicy?	f "Yes,"	12c		
13	Did the organization have a written whistleblower policy?			13		×
14	Did the organization have a written document retention and destruction policy?			14		×
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation			73 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	5.7 J	
а	The organization's CEO, Executive Director, or top management official			15a	×	المدحدة الطبيد
b	Other officers or key employees of the organization			15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				(५३)	ů.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year?	ar arran	gement	16a	7) 2 - 5	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	organization's exempt status with respect to such arrangements?			16b		
	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► SC					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain on Sc	apply.		(Sect	ion 5	01 (c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docu and financial statements available to the public during the tax year.	ments,	conflict of	finter	est po	olicy,
20	State the name, address, and telephone number of the person who possesses the organization Organization, 753 Waverly Road, Pawleys Island, SC 29585 (843)2			cords l	>	

Part-VIII 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 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 and/or Box 7 of Form 1099-MISC) 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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	officion director	unles er and	Pos neck ss pe d a d	rson lirect	than is both is or/trusi employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Eric Spatz	40.00					<u>ä.</u>	-			
Executive Director					×	×	1	52,896.	0.	0.
(2) Carl Falk	3.00	×		×					_	
Vice Chairman		<u>^</u>		ŀ	-			0.	0.	0.
(3) Martin Phillips Vice Chairman	3.00	×		×				0.	0.	0.
(4) Kim Fox	3.00									
Chairwoman		×		×				0.	0.	0.
(5) Rion Moore	2.00	.,								•
Secretary		×		×			<u> </u>	0.	0.	0.
(6) Kirk Gruber Treasurer	2.00	×		×				0.	0.	0.
(7) Betsy Nesmith	2.00	- ,								
Director		×		_			<u> </u>	0.	0.	0.
(8) Kim Nesmith	2.00	×	ı				ŀ		_	
Director								0.	0.	0.
(9) Cecelia Dilworth Director	2.00	×						0.	0.	0.
(10) Kathy Judge	2.00						-			
Director	2.00	×						0.	0.	0.
(11)Stuart Boehmig	2.00									
Director		×	ı					0.	0.,	0.
(12) Adam Hall	2.00									
Director		×						- 0.	0.	0.
(13) Phillip Kitchen	2.00		\Box					-		
Executive Committee Representative		×					L_,	0.	0.	0.
(14) Chase McGill	2.00									
Director		×						0.	0.	0.

(Par	VIII Section A. Officers, Directors,	Trustees,	Key l	Em	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (continued)
					((C)						
	(A)	(B)	l			ition			(D)	(E	i)	(F)
	Name and title	Average					e than e is both		Reportable	Repor	-	Estimated amount
		hours					or/trus		compensation	comper	nsation	of other
		per week	옥코	5	Q	ž	9 <u>∓</u>	क्र	from the organization	from re organiz		compensation
		(list any hours for	를 함	S.	Officer	Key employee	룡	Former	(W-2/1099-MISC)	(W-2/109		from the organization and
		related	응ᇤ	햫	~		yea st c	۳	(,	-	related organizations
		organizations below	7 2	<u>ॿ</u>		oye	<u> </u>					
		dotted line)	Individual trustee or director	Institutional trustee		Ď	l ĕ					
			"	8			Highest compensated employee	ŀ				
(15) C	lare Yarborough	2.00				┢─		 				
	irector		×						0.		0.	0.
(16)												
	**	i						ļ				
(17)												·
			1			İ						
(18)												
(19)]									
										<u> </u>	_	
(20)												
						_						
(21)												
				_								
(22)												
(00)												
(23)							ı					
(0.4)				-	\dashv							
(24)												
(25)										_		
1201												
	Subtotal							—	52,896.		0.	0.
C	Total from continuation sheets to Part			•	•		•		32,030.			<u></u>
ď	Total (add lines 1b and 1c)			•		•	.	•	52,896.		0.	0.
2	Total number of individuals (including but	not limited	to th	ose	list	ed :	above) w		than \$1		
_	reportable compensation from the organization					-		,	io reconted more	<i>σ</i> αποστηφ .	00,000	OI .
	.,					_						Yes No
3	Did the organization list any former of	officer dire	ctor	trus	stee	k	ev er	nni	ovee or highes	t compe	nsated	
_	employee on line 1a? If "Yes," complete S							np.				3 ×
4	For any individual listed on line 1a, is the							n ar	nd other comper	sation fr	om the	
•	organization and related organizations											
	individual											4 ×
5	Did any person listed on line 1a receive o	r accrue co	mner	isat	ion '	fron	n anv	unt	elated organizat	ion or inc	lividual	
	for services rendered to the organization?								_			5 ×
Secti	on B. Independent Contractors								·			<u> </u>
1	Complete this table for your five high	est compe	ensate	ed i	nde	pen	dent	COI	ntractors that re	eceived	more t	han \$100,000 of
	compensation from the organization. Repo	ort compen	sation	for	the	cal	endar	· yea	ar ending with or	within th	e organ	ization's tax year.
	; (A)								(B)			(C)
	Name and business addr	ess							Description of servi	ices	(Compensation
											_	
	1											
	·											
												
	Tatal must a Chila this is a	- 0 1 2						.,		, - , - 	grandent, en h	
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed above	e) who	A GE	

SCHEDULE A (Form 990 or 990-EZ)

(D)

(E)

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.

OMB No. 1545-0047
2019

Openito Public

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 57-1075900 Teach My People Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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 or 990-EZ).) 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.) 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.) 8 ☐ 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 university: An organization that normally receives: (1) more than 331/3% 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 331,2% 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). 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 in 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. 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 II, Type III, 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 organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vii) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

	33V//II	<u> </u>	<u></u>					<u>-</u>						
Part VIII			Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Official in Goriedate	<u> </u>	Jilanis a R	sapoi	ise of flote to a	(A) Total revenue	(B) Related or exempl function revenue	(C)	(D) Revenue exclude from tax under sections 512–514				
इ इ	1a	Federated campaig	ns į.		1a		742-125			AS EVENY				
ran	b	Membership dues	. '.		1b									
2, G	С	Fundraising events			10	209,582.	The state of the s	10. "我们是一个						
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizatio			1d	ļ .		制的"有"为"						
S, E	e	Government grants	•	-	1e									
roi s	†	All other contribution and similar amounts n			1f	506 640								
but the	g	Noncash contribution			- <u>''</u>	506,648.								
a de	9	lines 1a-1f			1g	\$ 833.			据是指的自					
လွ ၕ	h	Total. Add lines 1a-					716,230.							
				•		Business Code			EZATEKLE.	ve haves				
ŝ	2a													
Program Service Revenue	b													
	C						<u> </u>							
Fa F	d						-		-					
ĕ	f	All other program se	anvica	revenue		-	 -		1					
11.	g	Total. Add lines 2a-				▶	 	स्वर्क्षारक्षेत्रकृति के आहार स्वर्क्षारक्ष		TATE A THOUSER'S				
	3	Investment income					· ·	A country of mile and when when we	State State of the	From the armount of the second of the				
		other similar amoun					156.	0.	0.	156				
	4	Income from investr												
	5	Royalties	<u></u>											
	_		_	(i) Real	<u> </u>	(ii) Personal								
	6a	Gross rents	6a	-		_								
	b	Less: rental expenses Rental income or (loss)	6b 6c	-										
	ď	Net rental income o		s)				<u> </u>	Shirt word him for more	ali i si halibidha.				
	7a	Gross amount from	(100	(i) Securit		(ii) Other		K TETT TO THE						
		sales of assets					14.134.74%			- 7				
		other than inventory	7a							الإسرائيل المراجع المر المراجع المراجع				
une	b	Less: cost or other basis												
D)		and sales expenses .	7b											
Re	C	Gain or (loss)	7с	_										
Other Rev	ď	Net gain or (loss)	· ·	· · · · · · · · · · · · · · · · · · ·	•	<u>.</u> . <u>-</u>	The second for the second seco	tangme of was ex	program grammer in a	n na Las Grant Sin de Pri				
₹	8a	Gross income from events (not including							i ma Principal					
		of contributions rep												
		1c). See Part IV, line			8a	0.								
	b	Less: direct expense	es .		8b	27,321.								
	С	Net income or (loss)		i	g eve	nts ►	-27,321.		0.	-27,321				
		Gross income f			_	li.	the state which			CTASTA SANTENS				
		activities. See Part I			9a				经验证法证 。	4年,1966年				
		Less: direct expense Net income or (loss)			9b		2 Line in Barrell and the	A MARKETTE	ได้เริ่ม และกันไป <u>คระบา</u>					
		Gross sales of in			uviue	<u>s</u>	(the grand of the control of the		ا د ا م آ - آخاند استامه المالاندورة	HES THEST TRANSPORT				
		returns and allowand		ory, icos	10a									
		Less: cost of goods			10b				12 15 18 18 18 18 18 18 18 18 18 18 18 18 18					
	С	Net income or (loss)	from	sales of in	vento	ry >			1000 Carana and Carana	Files, Refine Library, Co. Section Street and Co.				
Sn						Business Code		ELECTION OF	E R. P. Sec.					
ē g	11a								_					
Miscellaneous Revenue	b		<u> </u> 		.									
اغ ږ <u>و</u>	2 0	All other revenue	<u> </u>				 							
MIS T		All other revenue Total. Add lines 11a	. :. _1남시	· · · ·	. [-	A Commentation of the Comment						
	_						i	1995 Salaman Shift In 1991	10% 25 WW					

689,065

Total revenue. See instructions

Part IX: Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must con

Section	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		<u>.</u> . <u>.</u>				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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			ik of the second					
4	Benefits paid to or for members			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The state of the s				
5	Compensation of current officers, directors, trustees, and key employees	52,896.	47,606.	5,290.	0.				
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	253,817.	228,436.	25,381.	0.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	16,079.	14,471.	1,608.	0.				
10	Payroll taxes	16,808.		1,681.	0.				
11	Fees for services (nonemployees):	· ·							
а	Management								
b	Legal								
С	Accounting								
ď	Lobbying								
е	Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STATE OF THE STA	-				
f	Investment management fees			<u> </u>					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion	-							
13		C 400	2.040	1 044					
		6,480.	3,240.	1,944.	1,296.				
14	Information technology			 -					
15	Royalties	<u> </u>							
16	Occupancy			<u> </u>					
17	Travel	1,100.	1,100.	0.	0.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .	713.	713.	0.	0.				
20	Interest	92.	0.	92.	0.				
21	Payments to affiliates			-					
22	Depreciation, depletion, and amortization .	23,368.	21,031.	2,337.	0.				
23	Insurance	27,214.	20,496.	6,718.	0.				
24	Other expenses, Itemize expenses not covered		[[]] [[] [[] [] [] [] [] [] [] [] [] []	The second se					
	above (List miscellaneous expenses on line 24e. If		Lating	L Land Street					
	line 24e amount exceeds 10% of line 25, column			The same of the sa					
	(A) amount, list line 24e expenses on Schedule O.)								
а	Business Registration	52.	0.	52.	0.				
ь	Vehicle	1,382.	1,382.	0.	0.				
C	Web Site	529.	529.	0.	0.				
d	Background Checks	1,479.	1,109.	370.	0.				
e	All other expenses	141,053.	115,958.	7,172.	17,923.				
25	Total functional expenses. Add lines 1 through 24e	543,062.	471,198.	52,645.	19,219.				
26	Joint costs. Complete this line only if the	343,002.	411,130.	JZ, 04J.					
	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)								

Part X 3 Balance Sheet

1 Cash - non-interest-bearing 125,089. 1 272,655. 2 Savings and temporary cash Investments 125,089. 1 272,655. 3 Pledges and grants receivable, net 0, 3 3 4 Accounts receivable, net 0, 3 3 5 Loans and other receivables from any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(8) 6 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 8 8 9 Prepaid expenses and deferred charges 9 10a 824,520. 477,197 10c 423,828. 10 Less: accumulated depreciation 10b 400,692. 427,197 10c 423,828. 11 Investments—publicy traded securities 11 11 12 12 13 11 Investments—other securities. See Part IV, line 11 13 13 11 14 15 15 15 16 17,655. 16 Total assets. See Part IV, line 11 1,655. 16 1,165. 16 1,165. 16 1,265. 16 1,			Check if Schedule O contains a response or note to any line in this Pa	art X		🗆
2 Savings and temporary cash investments 2 2				(A)		(B)
3 Pledges and grants receivable, net 4 4 4 4 4 4 4 4 4		1	Cash—non-interest-bearing	125,089.	1	272,655.
4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10s Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10 Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Investments—other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 11, 206. 17 9, 400. 18 Grans payable 19 Deferred revenue 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 12 Controlled entity or family member of any of these persons 13 Secured mortgages and notes payable to unrelated third parties 14 Unsecured notes and loans payable to unrelated third parties 15 Other liabilities (including federal income tax, payables to related third parties 16 Corporalizations that do not follow FASB ASC 958, check here Implications that do not restrictions 17 Total liabilities. Add lines 17 through 25 18 Grans and other payables to requipment fund 18 Capital stock or trust principal, or current funds 19 Paid-in or capital supplus, or land, building, or equipment fund 29 Paid-in or capital supplus, or land, building, or equipment fund 29 Paid-in or capital supplus, or land, building, or equipment fund 29 Paid-in or capital suppl		2			2	
5 Loans and other recelvables from any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons on the controlled entity or family member of any of these persons on the controlled entity or family member of any of these persons on the controlled entity or family member of any of these persons on the controlled entity or family member of any of these persons on the controlled entity or family member of any of these persons on the controlled entity or family member of any of these persons on the controlled entity or family member of any of these persons on the controlled entity or family member of any of these persons on the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons of the controlled entity or family member of any of these persons		3		0.	3	
trustee, key employee, creator or founder, substantial contributor, or 36% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(e)(3)(8). No family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(e)(3)(8). No family member of section 4958(e)(4)(4). No family member of section 4958(e)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)		4	Accounts receivable, net		4	
under section 4956(f)(1), and persons described in section 4958(o)(3)(B) 6 7 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11 Investments—publicity traded securities 12 Investments—buildibly traded securities 12 Investments—buildibly traded securities 13 Investments—buildibly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 11, 206 17 9, 4000. 18 Grants payable 19 Deferred reverue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities incliculing federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33. 7 Active the section of the payable to current funds 29 Pajonizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Pajonizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Pajonizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Pajonizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 2		5	trustee, key employee, creator or founder, substantial contributor, or 35%		5	
7		6				
8	9	7	******			
10a	Set	8	Inventories for sale or use		<u> </u>	
10a	As	9				
b Less: accumulated depreciation 10b 400, 692. 427, 197 10c 423, 828. Investments—publicly traced securities 11 Investments—publicly traced securities 12 Investments—publicly traced securities 12 Investments—program-related. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 Intangible assets 11, 165. 16 1, 165. 16 1, 165. 16 1, 165. 16 Intangible assets 11, 165. 17, 165. 17, 165. 17, 165. 17, 165. 17, 165. 17, 165. 17, 165. 17, 165. 17, 165. 17,		10a	Land, buildings, and equipment: cost or other			
11 Investments—publicly traded securities 11 12 17 12 17 13 13 14 15 15 14 15 15 14 16 16 17 16 17 17 17 17		b			******	423,828.
12		11		<u> </u>	11	
13		12			12	
14 Intangible assets 14 1,165 15 1,165 15 1,165 15 1,165 15 1,165 16 16 16 16 16 16 16		13			_	
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Net assets with out donor restrictions 28 Net assets with donor restrictions 29 Crganizations that follow FASB ASC 958, check here ▶ □ 30 And complete lines 27, 28, 32, and 33. 31 Capital stock or trust principal, or current funds 32 Capital stock or trust principal, or current funds 33 Paid-in or capital surplus, or land, building, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Secured mortgages and notes payable to unrelated third parties 20 Loans and other payables to any current funds 35 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Unsecured notes and loans payable to unrelated third parties 26 Unsecured notes and loans payable to unrelated third parties 27 Secured mortgages and notes payable to unrelated third parties 28 Unsecured notes and loans payable to unrelated third parties 29 Secured mortgages and notes payable to unrelated third parties 3		14		-		
16 Total assets. Add lines 1 through 15 (must equal line 33)		15		1,165.		1,165.
17 Accounts payable and accrued expenses 11,206. 17 9,400. 18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 33)		16	
18 Grants payable		17	Accounts payable and accrued expenses	11,206.	17	
19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Net assets without donor restrictions 29 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 30 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 32 Total liabilities and net assets/fund balances 33 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Total liabilities and net assets/fund balances 36 Total liabilities and net assets/fund balances 37 Total liabilities and net assets/fund balances 38 Total liabilities and net assets/fund balances 39 Total liabilities and net assets/fund balances 30 Total liabilities and net assets/fund balances		18	Grants payable		18	·
20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D		19	Deferred revenue		19	
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances 542,245. 32 688,248.		20			20	
Unsecured notes and loans payable to unrelated third parties	ı	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Unsecured notes and loans payable to unrelated third parties	abilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%		تثننتسنسه	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	ן בֿי	23	Secured mortgages and notes payable to unrelated third parties		23	
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	l	24	Unsecured notes and loans payable to unrelated third parties [24	<u></u>
Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances Total liabilities and net assets/fund balances 11, 206. 26 9, 400. 11, 206. 26 11, 2		25	parties, and other liabilities not included on lines 17-24). Complete Part X		25	
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100 Total labilities and first assets/fulfild balances	nces	•	Organizations that follow FASB ASC 958, check here ► 🗵			gard and to the
100 Total liabilities and first assets/fulfild ballatines	<u> </u>	27		542,245.	27	688.248.
100 Total labilities and first assets/fulfild balances	ĕ	28	Net assets with donor restrictions			
100 Total labilities and first assets/fulfild balances	r Fund		and complete lines 29 through 33.			
100 Total liabilities and first assets/fulfid balances	S	29			29	
100 Total labilities and first assets/fulfild balances	Set				30	
100 Total labilities and first assets/fulfild balances	Ä				31	
100 Total labilities and first assets/fulfild balances	et/				32	
	Z	33	Total liabilities and net assets/fund balances	553,451.	33	

Form	990	/201	191

Page **12**

<u>Par</u>	tXI, 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)	689,065.
2	Total expenses (must equal Part IX, column (A), line 25)	543,062.
3	Revenue less expenses. Subtract line 2 from line 1	146,003.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	542,245.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	
Davi	32, column (B))	688,248.
Part	Financial Statements and Reporting	_
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · <u> </u>
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	Yes No
•		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in 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	2a A
	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 ×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	F 355 557
	separate basis, consolidated basis, or both:	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Emple
c	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	in Second
	Schedule O.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Attended Statement
	Single Audit Act and OMB Circular A-133?	3a ×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b
	REV 06/02/00 PRO	Earm 990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

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

Name of the organization Employer identification number Teach My People 57-1075900 Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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 or 990-EZ).) 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). 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.) 8 ☐ 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 331/3% 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 331/8% 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). 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 in 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. 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. d 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 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 organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Rartill (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 410,158. 387,583. 436,135. 489,560. 1,723,436. 2 Tax revenues levied for the organization'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 410,158. 387,583. 436,135. 489,560 1,723,436. 4 Total. Add lines 1 through 3. . . . 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, column (f) Public support. Subtract line 5 from line 4 1,723,436. Section B. Total Support (a) 2015 (d) 2018 Calendar year (or fiscal year beginning in) ▶ (b) 2016 (c) 2017 (e) 2019 (f) Total 7 Amounts from line 4 410,158. 489,560. 387,583. 436,135. 1,723,436. Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources 52. 0. 8. 60. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0. 0. 0. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 249. 2,090. 322. 11 Total support. Add lines 7 through 10 [1,725,586. Gross receipts from related activities, etc. (see instructions) 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

ecti	on C. Computation of Public Support Percentage		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.88%
15	Public support percentage from 2018 Schedule A, Part II, line 14	15	96.46 %
16a	331/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 box and stop here. The organization qualifies as a publicly supported organization		-
b	33^{1} /3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 this box and stop here. The organization qualifies as a publicly supported organization		•
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 10 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box a Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies organization	nd st as a	op here. Explain in publicly supported
þ	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 1 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check to Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization supported organization	his b on qu	ox and stop here. alifies as a publicly
8	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check instructions		

Partill 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	on A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees				•		
	received. (Do not include any "unusual grants.")			Ì			
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the					i	
	organization's tax-exempt purpose				:		
3	Gross receipts from activities that are not an			_			
	unrelated trade or business under section 513				i		
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	-					
5	The value of services or facilities		-				
	furnished by a governmental unit to the						
	organization without charge	ļ					
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3	·					•
	received from disqualified persons .					'	
b	Amounts included on lines 2 and 3						
	received from other than disqualified		<u>}</u>				
	persons that exceed the greater of \$5,000					[
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)		Weit Ni				· · · · · · · · · · · · · · · · · · ·
	on B. Total Support		1 01 22 22				···
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6			ļ			
10a	Gross income from interest, dividends,		ŀ			1	
	payments received on securities loans, rents,						
	royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b		<u> </u>	-			
11	Net income from unrelated business						
	activities not included in line 10b, whether		Į.			,	
	or not the business is regularly carried on		ļ—				
12	Other income. Do not include gain or				'		
	loss from the sale of capital assets						
40	(Explain in Part VI.)		-				
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	i ne organization	'e firet secon	d third fourth	or fifth tay w	ar as a section	501(0)(3)
17	organization, check this box and stop he	•	-				
Secti	on C. Computation of Public Suppor				<u> </u>		
15	Public support percentage for 2019 (line 8			13, column (f))		15	%
16	Public support percentage from 2018 Sch						%
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (line 10c, colun	nn (f), divided b	y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2018	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2019. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2018. If the organiz						
	line 18 is not more than 331/3%, check this I	box and stop h	e re. The organi	ization qualifies	as a publicly s	upported organi:	zation 🕨 🔲
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗌

PartilV

Supporting Organizations

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

Section A. All Supporting Orga	anizations
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- 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.
- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in 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 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
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	10b		

Part	Supporting Organizations (continued)		•	-3-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	2 . 2 . 1 . 1 . 1 . 1		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	7	(E. 34)
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1.5	193	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	controlled the organization's activities. If the organization had more than one supported organization,	110		1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	100	$\frac{J_p dt}{t_{sp}}$	3
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4	مطسسا	1
2	Did the organization operate for the benefit of any supported organization other than the supported	100	100	[4] v
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	(1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	Die Con	
	supervised, or controlled the supporting organization.	2	والقيفدند والمصوة	
Secti	ion C. Type II Supporting Organizations	<u>, , , , , , , , , , , , , , , , , , , </u>		-
]	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1	F,"]	[5]
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		7	ule
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		4] - , ,]
Cooti		1 1		
36011	on D. All Type III Supporting Organizations	Т	V	37-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	7.15.77	Yes	No 관광
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1.50		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			13
	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	j	33,4 S	-
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	·	انتسنا	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	اد ر		
	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	F 44	à	
	supported organizations played in this regard.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netruc	tione	.1
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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructio	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1	0,0	3 041,
	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,		File	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		up y co	547
L	•	2a	erie i s	·
b	Did the activities described in (a) 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 (a) and (b) below.	ZU	7,711	A-4 (1-) 4
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	}		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		است
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	ة قدند	1 ــــــــــــــــــــــــــــــــــــ

instructions),

Partive Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	iizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section 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		
Section 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):	3		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	-	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		-
e Discount claimed for blockage or other factors (explain in detail in Part VI):	ŗ.,		Company of the second
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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		<u>-</u>
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount	<u> </u>		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	The second secon	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The state of the s	
4 Enter greater of line 2 or line 3.	4	F = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =	
5 Income tax imposed in prior year	5	- 12	 -
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	<u> </u>	The second secon	<u> </u>
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y int	egrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	Type III Non-Functionally Integrated 509(a)	Supporting Organ	izations (continued)		
Sect	Section D-Distributions				
1	Amounts paid to supported organizations to accomplish	exempt purposes			
2	Amounts paid to perform activity that directly furthers ex	empt purposes of supp	orted		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	anizations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions	<u> </u>			
7	Total annual distributions. Add lines 1 through 6.				
	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	th the organization is re	sponsive		
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount		,		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6		TO THE WAY THE THE WAY		
2	Underdistributions, if any, for years prior to 2019				
	(reasonable cause required-explain in Part VI). See				
	instructions.	Six and the second of the seco	BOTTO TO TOWN TOWNS AND THE TOWN TO THE TOWN THE TOWN TO THE TOWN	The same of the sa	
3_	Excess distributions carryover, if any, to 2019	The state of the s	The second secon	The second secon	
<u>a</u>	From 2014	The second of a proper continue of	The second secon	The state of the s	
<u>b</u>	From 2015	State a round of the state of t	The second of th		
c	From 2016	A STATE OF THE STA	Section 1997 To the second section 1997 To the section 1997 To the second section 1997 To the	the state of the s	
	From 2017		And a state of the		
<u>e</u> f	Total of lines 3a through e	<u> </u>	The part of the Contract of the	The second of th	
	Applied to underdistributions of prior years	Enter of the partition of the second	la lacar la	The same of the sa	
<u>g</u> h	Applied to underdistributions of prior years Applied to 2019 distributable amount	The second of th	इन्द्रम् ब्रोट्टा १ स्थलक्टल्क्क्रीका सम्बद्ध	<u>Majih Sidhadl</u>	
i	Carryover from 2014 not applied (see instructions)	Leaf Coat Liber Ballett		Same (1) A Change and high is so and high (1900) for such	
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		The second secon		
4	Distributions for 2019 from	Spart of the many of		Land And Control of Land Control of the Control of	
•	Section D, line 7:		The state of the s		
- а	Applied to underdistributions of prior years	A Comment of the control of the cont	### B		
b	Applied to 2019 distributable amount	the same and the s	in a second	Brown - 635 A list assisted About A	
c	Remainder. Subtract lines 4a and 4b from 4.	4 TATE 1 10 A AND AND AND AND AND AND AND AND AND A	The second secon		
5	Remaining underdistributions for years prior to 2019, if	The same and the s	S. Marier - St. and St And a constitution of Contraction and	The mining of the second	
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h			The second secon	
	and 4b from line 1. For result greater than zero, explain in		です。これなどはは		
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j and 4c.				
8	Breakdown of line 7:		المستقبلة المستقبلية المستقبلة المستقبلة المستقبلة المستقبلة المستقبلة المستقبلة المستقبلة المستقبلة المستقبلة المستقبلة المستقبلة		
a	Excess from 2015	1 to the second		A CONTRACTOR OF THE STATE OF TH	
b	Excess from 2016	the control of the co	2 mb. 18 mb. 18 18 18 18 18 18 18 18 18 18 18 18 18	The second of th	
	Excess from 2017	F The second sec	Section 1997 1994 1997 1997 1997 1997 1997 1997	THE STATE OF THE PERSON OF THE	
d	Excess from 2018			And the state of t	
е	Excess from 2019	THE PERSON AND A SECOND SECOND			
			100,000 000 000 000 000 000		

Schedule A (Form 990 or 990-EZ) 2019

Partivi	III, line 12; Part IV, Sec B, lines 1 and 2; Part IV 3a, and 3b; Part V, line	ation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Ition A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section V, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, complete this part for any additional information. (See instructions.)
Pt II I	Ln 10: Other Income	Part II, Line 10 Description: Miscellaneous 2015:
249. 20	016: 322. 2017: 151	9. 2018: 0.
		······································
		······································
		,

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Teach My People		57-1075900		
Organization type (check or	ne):			
Filers of:	Section:			
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	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation			
	· · · · · · · · · · · · · · · · · · ·			
	covered by the General Rule or a Special Rule. '), (8), or (10) organization can check boxes for both the General Rule and	d a Special Rule. See		
General Rule				
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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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.				
contributor, during ti	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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).				

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Name of organization	Employer identification number
Teach My People	57-1075900

Harrig	Contributors (see instructions). Use duplicate copies of	or Part i it additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Falk Griffin Foundation 202 Sea Oats Circle Pawleys Island SC 29585	\$55,925.	Person 🔀 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Frances Bunnelle Foundation Post Office Box 1965 Pawleys Island SC 29585	\$ <u>57,800.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Sisters of Charity 2711 Midleburg Drive #115 Columbia SC 29204	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Waccamaw Community Foundation 3655 S Hwy 17 Business Murrells Inlet SC 29576	\$23,170.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	First Presbyterian Church of Clarence 9675 Main Street Batavia NY 14021	\$21,200.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	All Saints Church 3560 Kings River Road Pawleys Island SC 29585	\$34,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of	organ	ization
Teach	Му	People

Employer identification number 57-1075900

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	Get Carried Away 55 ACL Trail Pawleys Island SC 29585	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Don and Flo Mabe 301 Sanderling Avenue Georgetown SC 29440	\$5,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	Pawleys Island Civic Club Post Office Box 415 Pawleys Island SC 29585	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	Don Temple 15 Damon Loop Murrells Inlet SC 29576	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	Black River United Way Post Office Box 1065 Georgetown SC 29442	\$14,400.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	Christ the King Grace Waccamaw Church 9630 Ocean Hwy	\$ 5,297.	Person ⊠ Payroll □ Noncash □

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Name of organ	nization		-	
Teach My	People		(

Employer identification number 57-1075900

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Network for Good 1140 Connecticut Avenue NW Suite 700 Washington DC 20036	\$26,027.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Precious Blood of Christ Church 1633 Waverly Road Pawleys Island SC 29585	\$6,710.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	Wells Fargo Foundation 550 S. 4th Street MAC N9310-074 Minneapolis MN 55415	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4 Chapin Foundation 2513 N. Oak Street Myrtle Beach SC 29577	(c) Total contributions \$ 20,000.	
No.	Name, address, and ZIP + 4 Chapin Foundation 2513 N. Oak Street	Total contributions	Person Payroll Noncash (Complete Part II for
No.	Name, address, and ZIP + 4 Chapin Foundation 2513 N. Oak Street Myrtle Beach SC 29577 (b)	\$ 20,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
16 (a) No.	Name, address, and ZIP + 4 Chapin Foundation 2513 N. Oak Street Myrtle Beach SC 29577 (b) Name, address, and ZIP + 4 WWW Foundation 625 Fair Oaks Avenue Suite 360	\$ 20,000. (c) Total contributions	Type of contribution Person

Name of organization
Teach My People

Employer identification number

57-1075900

{Part	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>19</u>	Mr. and Mrs. David Scott 465 Rossdhu Avenue Pawleys Island SC 29585	\$7,800.	Person Payroli Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
20	Mr. and Mrs. Harry Butler One Dover Plantation Georgetown SC 29440	\$ 16,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
21	Mr. and Mrs. Harvey Brown 237 Summerwood Drive Georgetown SC 29440	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
22	Georgetown County School District 2018 Church Street Georgetown SC 29440	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
23	The Laura E du Pont Foundation Post Office Box 8099 Greenville SC 29604	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	' (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
24	Georgetown Presbyterian Church 558 Black River Road Georgetown SC 29440	\$13,846.	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization | Employer identification number | Teach My People | 57-1075900

ម៉ ើ ថា ម៉ោទី	Continuators (see ilistractions). Ose duplicate copies	or Fart i il additional space is	Heeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Mr. and Mrs. Joseph Tamsberg 211 Screven Street Georgetown SC 29440	\$13,000.	Person 🗵 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	3V Chemical 888 Woodstock Street Georgetown SC 29440	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	International Paper Company Foundation 700 S. Kaminski Street Georgetown SC 29440		Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Wyatt Family Foundation Post Office Box 106 Cedartown GA 30125	\$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
29	The Abbey Church Post Office Box 3999 Pawleys Island SC 29585	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	Esther Sharp 444 Myrtle Avenue Pawleys Island SC 29585	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
Teach My People

Employer identification number

57-1075900

{Ŗärt]	${\bf Contributors} \ ({\bf see \ instructions}).$	Use duplicate copies of Part I if additional space is needed.
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	16.5	1 (6)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Mr. and Mrs. James Beard 250 Rice Mill Drive Pawleys Island SC 29585	\$ <u>11,655.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	Mr. and Mrs. David Bishop 76 Post Office Lane Pawleys Island SC 29585	\$ 5,000.	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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B	/	000 F7	000 DD	10040

Page 3

Name of organization Employer identification number
Teach My People 57-1075900

art j	Noncash Property (see instructions). Use duplicate copies of Part 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	
		\$		

Name of organization

Employer identification number

	ly reopie			
Partilli	(10) that total more than \$1,000 to	for the year from any one contr zations completing Part III, enter	tions described in section 501(c)(7), (8), or ibutor. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc., once. See instructions.) > \$	
	Use duplicate copies of Part III if a		once. See mandenons.,	
(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,	-	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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		***************************************		

ļ <u> </u>				
	Transferee's name, address,	(e) Transfer of gift 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		
<u> </u>	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee	
-				
-				
BAA		REV 06/02/20 PRO	Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public' Inspection

Name	of the or	ganization		Employer identification number
Tea	ch My	y People		57-1075900
∄Pat	rt J. 🥳	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Accounts.
		Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
-			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate value of contributions to (during year) .		
3		egate value of grants from (during year)		
4		egate value at end of year		
5		he organization inform all donors and donor		d in donor advised
-		are the organization's property, subject to the		
6		ne organization inform all grantees, donors, ar		
		or charitable purposes and not for the benefi		
		rring impermissible private benefit?		
∗Par	tallag	Conservation Easements.	-	
		Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purno	ose(s) of conservation easements held by the o		
•		eservation of land for public use (for example, recreated		a historically important land area
		otection of natural habitat	• —	a certified historic structure
		eservation of open space		a certified filstoric structure
2		plete lines 2a through 2d if the organization hel	d a qualified consequation contribution	in the form of a concentation
4		nent on the last day of the tax year.	d a quaimed conservation continuation	Held at the End of the Tax Year
а		-		
b		acreage restricted by conservation easements		
		per of conservation easements on a certified hi		
۲. C				
d		per of conservation easements included in (or ic structure listed in the National Register .		
		_		
3		per of conservation easements modified, trans	terred, released, extinguished, or term	inated by the organization during the
4	tax ye	per of states where property subject to conserv	vation assembnt is located	
5				nation handling of
Ð		the organization have a written policy rega- ons, and enforcement of the conservation eas-		
				_
6	Stall a	and volunteer hours devoted to monitoring, inspec	ung, nandling of violations, and emorcing	conservation easements during the year
7	Δ	nt of expenses incurred in monitoring, inspecting	- bandling of violations and autominus	
7	Amou ►\$	nt of expenses incurred in monitoring, inspecting	g, nandling of violations, and enforcing c	onservation easements during the year
_				
8		each conservation easement reported on line 2		
_		ection 170(h)(4)(B)(ii)?		
9		t XIII, describe how the organization reports co		
		ce sheet, and include, if applicable, the text of ization's accounting for conservation easemen		icial statements that describes the
/Dog-				Maria Oliva Maria Anna Anna
Part	}1111 <u>%</u>	Organizations Maintaining Collections		itner Similar Assets.
		Complete if the organization answered "Y		
1a		organization elected, as permitted under FASE		
		historical treasures, or other similar assets		
		e, provide in Part XIII the text of the footnote to		
b		organization elected, as permitted under FAS		
		storical treasures, or other similar assets held t	·	•
	provid	le the following amounts relating to these items	S:	
	(i) Re	venue included on Form 990, Part VIII, line 1		► \$
	(ii) As	le the following amounts relating to these items venue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X		▶ \$
2	If the	organization received or held works of art, I	nistorical treasures, or other similar a	ssets for financial gain, provide the
	follow	ing amounts required to be reported under FA	SB ASC 958 relating to these items:	
а	Rever	ue included on Form 990, Part VIII, line 1		> \$
b	Assets	s included in Form 990, Part X		▶ \$

_* Par	t III.i Organizations Maintaining	Collections of	Art, Hi	storical T	reasures	s, or O	ther Similar	Assets (co	ntinued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and o							
а	☐ Public exhibition		d	☐ Loan o	or exchan	ge prog	ram		
b	☐ Scholarly research		е	□ Other					
С	☐ Preservation for future generations	3							
4	Provide a description of the organiza XIII.	tion's collections	and exp	lain how th	ney further	r the or	ganization's ex	empt purpo	se in Par
5	During the year, did the organization assets to be sold to raise funds rather	r than to be maint	donatio ained as	ns of art, <i>I</i> part of the	nistorical f organizat	treasure tion's c	es, or other sin	nilar . ∐ Ye	s 🗌 No
Pari	IV Escrow and Custodial Arra			_					
_	Complete if the organization 990, Part X, line 21.	n answered "Yes	on Fo	rm 990, P	art IV, lin	e 9, or 	reported an	amount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?					tions o	r other assets	not	s 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the f	oliowing ta	ble:			Amount	
C	Beginning balance					10	2		
đ	Additions during the year					10	i		
е	Distributions during the year					16	<u>•</u>		
f	Ending balance					11			
2a	Did the organization include an amoun								
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanation	has been	provid	ed on Part XIII	<u> </u>	
Par		. 1657	. –	000 B					
	Complete if the organization								
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four	years back
1a •	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								-
f	Administrative expenses		ĺ						
g	End of year balance								
2	Provide the estimated percentage of t	he current year er	nd baland	e (line 1g,	column (a)) held a	as:	•	
а	Board designated or quasi-endowmer	nt 🕨	%		·	•			
b	Permanent endowment ▶	%							
C	Term endowment ► %								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.						
3a	Are there endowment funds not in the organization by:	e possession of th	ne organi	zation that	are held	and ad	ministered for		res No
	(i) Unrelated organizations							. 3a(i)	
	**** - · · · · · · · · · · · · · · · · ·							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requi	red on Sch	redule R?			. 3b	
4	Describe in Part XIII the intended uses							. [3]	
Part									
-	Complete if the organization		" on For	m 990. Pa	art IV. line	e 11a. S	See Form 990), Part X. li	ne 10.
	Description of property	(a) Cost or ot (investm	her basis	(b) Cost or (oth	other basis	(c) /	Accumulated preciation	(d) Book	
1a	Land	4.:	9,446.				Circumstance of the second	4	9,446.
b	Buildings		6,560.			<u> </u>	239,617.		6,943.
С	Leasehold improvements	_				_	,		• • • • •
d	Equipment	7	7,974.				77,974.		0.
	Other	100	0,540.				83,101.	1	7,439.
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part 2	K, column (B), line 10)c.)			3,828.

Rart VII	Investments-Other Securities.			-
	Complete if the organization answered "Yes" on For	m 990, Part IV, Iir	ne 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation: of-year market value
(1) Financial	derivatives			
	neld equity interests			
(3) Other		L		
(^)				
(B)				
(C)				
(D)	·····			
<u>(E)</u>		<u> </u>		
(F)				
(G)				
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		mijaya samaganaja ugma ila jumu.	
Part VIII	Investments—Program Related.	<u></u>	France : Mr. VALLERS	
raitsviii.	Complete if the organization answered "Yes" on For	m 000 Part IV lin	a 11a Saa Earm	000 Port V line 12
	(a) Description of investment	(b) Book value	T	-
	(a) Description of investment	(b) Book value		od of valuation: of-year market value
(1)				<u> </u>
(2)		-	 -	
(3)	·			
(3) (4)			-	
(5)				
(6)		-		_ .
(7)				
(8)				
(9)				
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨		and the second second	
PartilX#	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
<u>(1)</u>				
_(2)	·			
(3)				
<u>(4)</u>				
_(5)		"		
(6)			_	
_(7)				
(8)				-
(9)	(h) man 4 - mal 5 - ma 000			_
Part'X	nn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	· · · · · · · · ·	<u> ▶ </u>	
Lair V®	Complete if the organization answered "Yes" on Form	m 000 Dort IV lin	a 11a ar 11f Caa	Comm 000 Deut V
	line 25.	n 990, Part IV, im	e He or Hi. See	romi 990, Part X,
1.	(a) Description of liability		· · · · · · · · · · · · · · · · · · ·	(h) Dook volve
(1) Federal inc				(b) Book value
(2)	contre taxes			
_(3)			-	 .
(4)				<u>-</u>
(5)	· 			
(6)			-	
(7)	1		-	<u> </u>
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the footno			ts that reports the
	liability for uncertain tax positions under FASB ASC 740. Check			

.Par	Reconciliation of Revenue per Audited Financial Statem		r Return.
	Complete if the organization answered "Yes" on Form 990,		· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u> </u>	Research Control of the Control of t
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	\$ 15 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		10 10 10 10 10 10 10 10 10 10 10 10 10 1
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
ď	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	1 1	3 883
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	460J
b	Other (Describe in Part XIII.)		
, C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
	XIII, Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
z, Fan	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional if	normation.

	<u> </u>		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2019

		l I	· ·									
	nent of the Treasury Revenue Service		► At ► Go to www.irs.gov/l		990 or Form Instructions a		ation.	Open to Public				
Vame o	f the organization	·	<u> </u>				Employer identif	ication number				
Teac	h My Peopl	e					57-1075900)				
!Pari			es. Complete if the re not required to			vered "Yes" on	Form 990, Part IV	, line 17.				
1	Indicate wheth	er the organiz	ation raised funds th	hrough any	of the follo	owing activities.	Check all that apply.					
а	☐ Mail solicita	ations		е [] Solicitati	ion of non-govern	nment grants					
b	☐ Internet an	rnet and email solicitations f Solicitation of government grants										
C												
ď	☐ In-person s	solicitations										
2a	Did the organia	zation have a	written or oral agree	ement with	any individ	lual (including off	icers, directors, trus	tees,				
	or key employe	ees listed in Fo	orm 990, Part VII) or	entity in co	onnection v	with professional	fundraising services	? ☐ Yes ☐ No				
b	·	•	oaid individuals or e O by the organization	•	draisers) pu	ursuant to agreer	nents under which ti	he fundraiser is to be				
	(i) Name and address or entity (fun		(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
				Yes	No	·						
1												
2												
3												
4												
5	-											

LOIGI					 		ſ	
3	registration or	licensing.	·	·		licit contributio		
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			- <u>†</u>		 		 	

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Part II. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		1	(a) Event #1 Palmetto Giving Day (event type)	(b) Event #2 Gospel Brunch (event type)	(c) Other events 5 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	123,501.	40,329.	45,752.	209,582.
Œ	2		123,501.	40,329.	45,752.	209,582.
	3	Gross income (line 1 minus line 2)	0.	0.	0.	0.
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	4,088.	9,518.	13,715.	27,321.
	10 11	Direct expense summary. A Net income summary. Subt				27,321. -27,321.
Pa	rt II	Gaming. Complete if the \$15,000 on Form 990-E	he organization answe	red "Yes" on Form 9	90, Part IV, line 19,	or reported more than
nue	-		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
)irect	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. A	dd lines 2 through 5 in co	lumn (d)		
	8	Net gaming income summa	ry. Subtract line 7 from lir	ne 1, column (d)		
	E a la b la 	Enter the state(s) in which the o s the organization licensed to o f "No," explain:	erganization conducts gan			
10a		Vere any of the organization's of "Yes," explain:				
D/			R	EV 06/02/20 PRO	Schedule	e G (Form 990 or 990-EZ) 2019

Schedu	ie G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers?
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming
b	revenue?
	amount of gaming revenue retained by the third party > \$
Ū	
	Name ►
	Address ►
16	Gaming manager information:
	Name ►
	Gaming manager compensation ► \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part [;]	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
	1
	1
DAA	REV 06/02/20 PRO Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE O (Form 990 or 990-EZ)

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.

 $\mathcal{A} \cap \mathcal{A} \cap \mathcal{A}$

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u> </u>
Open to Public
Inspection 🗽 🖫

Name of the organization Employer identification number Teach My People 57-1075900 Pt VI, Line 15a: The salary of the executive director is reviewed and approved by the board of directors. All other board members are not compensated Pt VI, Line 15b: The salary of other key employees is reviewed and approved by the board of directors Pt VI, Line 11b: The Organization is given a copy of Form 990 to have on hand for review by any interested party. Pt IX, Line 24e: Description: Bank Fees Total: \$116 Program services: \$0 Management and general: \$116 Fundraising: \$0 Description: Credit Card Fees Total: \$1,586 Program services: \$1,428 Management and general: \$158 Fundraising: \$0 Description: Facility Repair & Maintenance Total: \$33,100 Program services: \$33,100 Management and general: \$0 Fundraising: \$0 Description: Food Service Total: \$1,563 Program services: \$1,563

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization		Employer identification number
Teach My People		57-1075900
Program services: \$16	 	
	<u>Y</u>	
Management and genera	1: \$19	
Fundaniaina, ¢0	1	
Fundraising: \$0		***************************************
Description: Membersh	ips, Dues and Fees	
መልተ ነ . ሮያስዕ		
Total: \$809		
Program services: \$60	7	
Manager and and account	1. 0000	
Management and genera	1: \$202	
Fundraising: \$0		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Danaminkiana Garaiala	Man and 4.	
Description: Special	Lvents	
Total: \$17,576		
Desamon		
Program services: \$0		
Management and genera	1: \$0	
Fundraising: \$17,576		
rundraising: \$17,576		
Description: Awards		
Total: \$10,057		
10car. 710,037	***************************************	
Program services: \$10	, 057	
Management and genera	1• ¢በ	
, management and genera.	1. 70	··
Fundraising: \$0		***************************************
1		
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# Form 4562

Department of the Treasury

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. 179

▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number Teach My People Form 990 / Form 990EZ 57-1075900 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction, Enter the smaller of line 5 or line 8 . . . . . . . . . . 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 . . . . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 . 12 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. [Partill] Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Property subject to section 168(f)(1) election . 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2019 . . . . . . . . . 17,393. 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction only-see instructions) service 19a 3-year property **b** 5-year property 71 19 1 3 gr c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L 27.5 yrs. MM S/L property i Nonresidential real 39 yrs. ММ S/L MM S/L property Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. S/L b 12-year c 30-year 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Partity Summary (See instructions.) 21 Listed property. Enter amount from line 28 5,975.

**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions .

(Include automobiles, certain other vehicles, certain aircraft, and property used for Part Listed Property entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, c	olumns (a)	through (c	of Secti	on A, ail	of Se	ction B,	and S	ection (	C if ap	plicable			,		,
		\—Depreci														
248	a Do you have e	vidence to su		ısiness/inv	estment u	se claii	med?	✓ Yes	No	24b	If "Yes,	' is the e	vidence	written	? 🔲 Ye:	s⊠ No
	(a) e of property (list rehicles first)	in service	(c) Business/ investment usi percentage	Cost or o	(d) other basis	(busi	(e) s for depriness/inve use only	stment /)	(f) Recove period	'   C	(g) Method/ Convention		(h) epreciation deduction		(i) Elected se co:	ction 179
25	Special dep										- 1			1		
26	Property use							<del></del>	Instruc	tions	. 25	5_		<u>i.</u>	بقامت أحجات	
Bus		06/30/2004			18,000	-		600.	5 (	ากไรก	0 DB-I	ıvl		0.1		
	Engine	01/28/2004	-		5,493			493.			0 DB-I			0.		
	ional Listed Property Statezen		%		,	1	- 7	3551		-	<u> </u>	<u> </u>	5,9			_
	Property use		ess in a qu	alified bu	usiness u	ıse:	-					-		7001		
			%	,							L-				all the colors	CULTU T
			%								L <b>–</b>			j.	Za P	
		<u></u>	%	1							<u>L –                                     </u>					不通 " 14. 数 15. 1
	Add amount									-			5,9			
_29	Add amount	s in column	<u>ı</u> (i), line 26											29		
Com	ploto thin poot	ion for vahia	dee wood by		ction B-						-			ız		
to vo	plete this sect ur employees,	first answer	the questi	ns in Se	ropnetor, ction C to	paririt see if	vou me	ner mic	re man voentior	1 to cc	wner, or moletine	related this so	person. Stion for	it you	provided vehicles	venicies
,.	<u> </u>		mo quoon	5770 117 000	(a)		1		T		in pieting		1		7	<u></u>
30	Total business	s/investment	miles drive	n durina	Vehic			b) icle 2	Veh	(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) iicle 6
	the year (don't include commuting n			•												
31	Total commut	ing miles dri	ven during t	he year						-		-	1	<u>.</u>	†	
32	Total other	personal	(noncom	muting)					1			•			<u> </u>	-
	miles driven					_				.=						
33	Total miles lines 30 throi		ng the ye													
	Was the vehi		•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during of									<u> </u>			ļ			
	Was the vehi than 5% own									ļ						
36	ls another veh													†		
		Section	C-Quest	ions for	<b>Employ</b>	ers W	ho Pro	vide V	ehicles	for U	se by T	heir Em	ployee	s		
	er these que than 5% ow						to com	pleting	Sectio	n B fo	or vehicle	es used	by em	oloyee	s who ar	en't
	Do you main your employe		en policy :	statemen	t that pr	ohibit: 	s all pe	rsonal	use of	vehic	les, inclu	iding co	ommuti	ng, by	Yes	No
38	Do you main employees?	tain a writt	en policy s	statemen	t that pr	ohibits	s perso	nal use	of veh	nicles,	except	commu	iting, by	y your		
	Do you treat													• •	<b> </b>	
40	Do you proviuse of the ve	ide more th	nan five ve	hicles to	your en	nploye	es, obi	tain inf	ormatio	n fror	n your e	mploye	es abo	ut the		
	Do you meet							lemons	stration	use?	See inst	ructions	· · ·	• •		
	Note: If your														1 3 . 37	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Part	<b>M</b> Amort	ization				·									12	
	(a Description		Da	(b) ite amortiza begins	ition	Amor	(c) tizable an	nount	C	(d) ode sed	ction	(e) Amortiz perioc percent	ation for	Amortiz	(f) ation for th	is year
42	Amortization	of costs the	at begins c	iuring yo	ur 2019 1	ax ye	ar (see	instruc	tions):	-		•	<u> </u>		<del></del>	
									Ι΄.				<u> </u>			
			i													
	Amortization									•			43			
44 '	Total. Add a	mounts in a	column'(f).	See the i	instructio	ns for	r where	to repo	ort .				1 44			

(Rev. January 2020)

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. Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-0047

REV 06/02/20 PRO Form 8868 (Rev. 1-2020)

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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print Teach My People 57-1075900 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for P.O. Box 2848 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. Pawleys Island SC 29585 01 Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 • The books are in the care of ▶ Organization Telephone No. ► (843) 237-8737 Fax No. ► If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 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  $\underline{\text{Nov } 15}$ , 20  $\underline{\text{20}}$ , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 20 19 or ▶ ☐ tax year beginning ______, 20 _____, and ending ______, 20 _____. If the tax year entered in line 1 is for less than 12 months, check reason: Initial return I Final return ☐ Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ 0. b 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 |\$ 0. c 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-EO and Form 8879-EO for payment

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

### **All Other Expenses**

2019

Name Employer Identification No. Teach My People 57-1075900

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<b>Description</b>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Bank Fees	116.		116	
Credit Card Fees	1,586.	0.	116.	0.
Facility Repair & Maintenance		1,428.	158.	0.
Food Service		33,100.	0.	0.
Miscellaneous	1,563. 709.	<u> 1,563.</u>	0.	0.
		709.		0.
Other Program Expenses	21,438.	21,438.	0.	0.
Postage	1,737.	1,043.	347.	347.
Printing & Copying	7,400.	5,550.	1,850.	<u> </u>
Support Expenses	530.	530.	0.	
Staff Development	1,593.	1,593.	0.	<u> </u>
Strategy & Marketing	7,891.	7,891.	0.	0.
Utilities	27,142.	24,428.	2,714.	0.
Outside Contract Services	6,691.	5,018.	1,673.	0.
Payroll Services	928.	835.	93.	0.
Other Payroll Expenses	<u>187.</u>	168.	<u> 19.</u>	<u> </u>
Memberships, Dues and Fees	809.	607.	202.	0.
Special Events	17,57 <u>6.</u>	0.	<u> </u>	<u> </u>
Awards	10,057.	10,057.	0.	0.
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Total to Form 990, Part IX, line 24e	141,053.	115,958.	7,172.	17,923.

# Additional information from your 2019 Federal Exempt Tax Return

Form 4562 Depreciation Options -- Form 4562 (Form 990 / Form 990EZ): Depreciation and Amortization Line 26 Additional Listed Property Statement

Continuation Statement

(a) Type of property	(b) Svc Date	(c) Use %	(d) Cost basis	(e) Depr. Basis	(f) Rec. Period	(g) Method	(h) Depr. Deduc.	(i) Elected Section 179 Cost
Bus	07/25/2008	100	6,000.	6,000.	5.00	200 DB-HY	0.	
Vehicle	06/29/2015	100	17,800.	17,800.	5.00	200 DB-HY	1,975.	
Van	01/22/2019	100	20,000.	20,000.	5.00	200 DB-HY	4,000.	
						70 - 4 - 1	5 055	

Total 5,975.