Extended to November 17, 2025

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2024 calendar year, or tax year beginning	and	ending		
В	Check if applicable	C Name of organization			D Employer identif	ication number
	Addres	Teach Democracy				
	Name change				95-22196	80
F	Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numbe	
	—lreturn/ termin				213-487-	
	ated Amend	City or town, state or province, country, and			G Gross receipts \$	4,133,445.
F	Ireturn	LOS Aligeres, CA 90003			H(a) Is this a group r	
	Applic tion pendir	F Name and address of principal officer:Ker same as C above	1 Doggett		for subordinate	
.			(incort no.) 4047(a)(4)	a.	H(b) Are all subordinates	
		empt status: $X = 501(c)(3) = 501(c)(0)$ te: www.teachdemocracy.org	(insert no.) 4947(a)(1)	or 527		a list. See instructions
	Websit		ssociation Other	I Voor	H(c) Group exemption	on number M State of legal domicile: CA
	art I	Summary	SSOCIATION UT OTHER	L Teal	oriorination. ±557[1	VI State of legal domicile, CA
	T	Briefly describe the organization's mission or most	t significant activities: Educ	ate st	udents abou	it the
Governance	'	Constitution, our democra	tic institution	s and	effective	
nar	2		ntinued its operations or dispo			ecate
Ver	3	Number of voting members of the governing body			3	1 60
ၓ	4	Number of independent voting members of the go				60
Š		Total number of individuals employed in calendar				35
Activities		Total number of volunteers (estimate if necessary)				794
Ė		Total unrelated business revenue from Part VIII, co				0.
⋖		Net unrelated business taxable income from Form				
					Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)			2,134,029.	
ž	9	Program service revenue (Part VIII, line 2g)			187,164.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4			173,052.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			66,881.	
	12	Total revenue - add lines 8 through 11 (must equa	Part VIII, column (A), line 12)		2,561,126.	
	13	Grants and similar amounts paid (Part IX, column ((A), lines 1-3)		36,186.	54,530.
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)		0.	-
es	15	Salaries, other compensation, employee benefits (1,710,020.	<u> </u>
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)		0.	0.
ž	b	Total fundraising expenses (Part IX, column (D), lin				
ш	1/	Other expenses (Part IX, column (A), lines 11a-11d			891,596.	
	18	Total expenses. Add lines 13-17 (must equal Part	IX, column (A), line 25)		2,637,802.	
. (19	Revenue less expenses. Subtract line 18 from line	12		-76,676.	
Net Assets or				Ве	ginning of Current Year	End of Year
SSE	20				7,184,362.	8,526,322.
et A	21	Total liabilities (Part X, line 26)			459,195. 6,725,167.	
	⊵∣22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	1 line 20		0,725,107.	7,304,120.
		Ities of perjury, I declare that I have examined this return.	including accompanying schedule	e and etatem	ante and to the heet of m	ny knowladge and helief it is
		t, and complete. Declaration of preparer (other than office			•	iy kilowicage alla bellet, it is
- u	, 001100	g and complete. Declaration of proparti (early than one	or y to bused on an intermation of w	mon propuror	nao any knowleage.	
Sig	ın	Signature of officer			I Date	
He	ro	Stephanie Doute, CEO				
110		Type or print name and title				
_		Preparer's name	Preparer's signature	1	Date Check	PTIN
Pai	d		par or o orginator		if self-emplo	P01612986
	parer	Firm's name Harrington Group,	CPAs, LLP			5-4557617
	Only	Firm's address 2698 Mataro Stree				<u> </u>
	•	Pasadena, CA 9110			Phone no. (6	26) 403-6801
Ma	v the IF	RS discuss this return with the preparer shown about			1: //5/10/10/10/10	X Ves No

Pa	It III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	Teach Democracy is a non-profit, non-partisan, Los Angeles-based,	
	national organization that develops programs and materials to educate	e
	students about the constitution, our democratic institutions, the ru	
	of law, and the rights and responsibilities of effective citizenship	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	ıd
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 636,919 • including grants of \$ 40,875 •) (Revenue \$)
	Civic Action Program (CAP): CAP provides lessons that engage students	′
	in analyzing issues, learning about public policy, and choosing and	
	addressing an issue that matters to them. CAP embeds research-based	
	practices in civic learning. Over 600 teachers throughout the nation	
	register on the CAP website annually.	
	<u>g-2</u>	
41-	(Code:) (Expenses \$ 333,381 • including grants of \$) (Revenue \$ 241,9	17 \
4b	(Code:) (Expenses \$	<u>a, •</u>)
	year for local and state competitions. Teams of students prepare to	<u> </u>
	take the roles of attorneys, witnesses, clerks, and bailiffs and	
	present either a prosecution or defense case presided over by volunte	
	judges and scored by volunteer attorneys. Over 8,000 students	<u>eer</u>
	participate annually, along with hundreds of volunteers.	
	participate annually, along with numbers of volunteers.	
	(Code:) (Expenses \$ 158,860 • including grants of \$ 2,634 •) (Revenue \$	i
4C	(Code:)(Expenses \$158,860. including grants of \$2,634.) (Revenue \$Expanding Horizons Institute (EHI): EHI provides seminars and paid)
	internships for first-generation, college bound youth in Los Angeles	
	Local businesses and agencies sponsor interns at their job sites.	•
	nocal businesses and agencies sponsor incerns at their job sites.	
	Others are average and in a self-transfer and Other district.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 909,672. including grants of \$ 11,021.) (Revenue \$ 9,194.) Total program service expenses 2,038,832.	
<u>4e</u>	Total program service expenses 2,038,832.	0 (202.4)
	Form 990	⊌ (∠∪∠4)

Form 990 (2024) Teach Democracy Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٦,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			٠,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	44.		x
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		22
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	··•		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2024) Teach Democracy Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadida I Dort I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		х
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		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			. v
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
31	contributions? If "Yes," complete Schedule M	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		<u> </u>
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
· ai	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is contidued a contained a response of flote to any line in this flart v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22		. 03	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2024) Teach Democracy
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 Statements,											
	filed for the calendar year ending with or within the year covered by this return 2a 35											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X								
b	If "Yes," enter the name of the foreign country											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
	any contributions that were not tax deductible as charitable contributions?	6a		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	-	X									
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l								
	to file Form 8282?	7с		X								
d	If "Yes," indicate the number of Forms 8282 filed during the year											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?											
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
_	sponsoring organization have excess business holdings at any time during the year? N/A	8										
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a										
a	3T / 3	9b										
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	90										
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a											
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-										
11	Section 501(c)(12) organizations. Enter:	-										
	Gross income from members or shareholders N/A 11a											
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	-										
	amounts due or received from them.)											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans											
	Enter the amount of reserves on hand											
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?	15		X								
	If "Yes," see the instructions and file Form 4720, Schedule N.			,								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X								
	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities											
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17										
	If "Yes," complete Form 6069.											

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 60			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			7.7
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Missionwell, LLC - 626-578-0001 222 E Glenarm Street Suite B-2 Pasadena CA 91106			

Page 7

Form 990 (2024) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	aniza	ation	oo r	npe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		Coran	10 2 0	T CCIC)/ u us	1	from	from related	other
	(list any hours for	· director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	5	stee			nsateo		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee	Institutional trustee)yee	Highest compensated employee		1099-NEC)	,	and related
	below	/id ual	tution	je.	Key employee	est co	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) Keri Doggett	40.00								_	
VP, Programming & Operations				Х				159,837.	0.	25,613.
(2) Cara Shaffer	40.00								_	
Director of Development						Х		136,915.	0.	14,822.
(3) Laura Wesley	40.00								_	
Director of Programs				Х				109,550.	0.	16,899.
(4) Amanda Susskind	40.00								_	
President (end 1/24)				Х				38,365.	0.	3,345.
(5) Darin Beffa	4.00								_	_
Board Chair		Х		Х				0.	0.	0.
(6) Jason Lo	2.00								_	_
Vice Chair		Х		Х				0.	0.	0.
(7) Robert Sacks	2.00								_	_
CFO		Х		Х				0.	0.	0.
(8) Nancy Thomas	2.00								_	_
Secretary (end 6/24)		Х		Х				0.	0.	0.
(9) Shannon Alexander	2.00								_	_
Executive Committee		Х						0.	0.	0.
(10) Kate Gold	2.00								_	_
Executive Committee (end 1/24)		Х						0.	0.	0.
(11) Brian Michael	2.00								_	_
Executive Committee		Х						0.	0.	0.
(12) Peter Morrison	2.00	ļ								
Executive Committee		Х						0.	0.	0.
(13) Warren Jackson	2.00	ļ								
Executive Committee		Х						0.	0.	0.
(14) John Kronstadt	2.00								_	_
Executive Committee		X						0.	0.	0.
(15) Kim Dunne	2.00								_	
Executive Committee		Х						0.	0.	0.
(16) Dan Floyd	2.00]						_	_	_
Executive Committee		Х						0.	0.	0.
(17) Angela Machala	2.00	1_						_	_	_
Executive Committee		X						0.	0.	0.

Form 990 (2024) 1 EaCII De									32-2213	ooo Page o
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any		JCI aii		1 0010)/ ii us	1	from	from related	other
	hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	1000 (120)	and related
	below	idual	ution	<u></u>	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Бm			
(18) Jonathan Gordon	2.00									
Executive Committee		Х						0.	0.	0.
(19) Robert Aronoff	1.00									
Board Member		Х						0.	0.	0.
(20) J.C. Andre	1.00									
Board Member		Х						0.	0.	0.
(21) Jane Arnault-Factor	1.00									
Board Member		Х						0.	0.	0.
(22) Matthew Babrick	1.00									
Board Member		Х						0.	0.	0.
(23) Jay Bhimani	1.00							_	_	_
Board Member		Х						0.	0.	0.
(24) Joseph Calabrese	1.00								_	
Board Member		Х						0.	0.	0.
(25) Sabina Clorfeine	1.00								_	_
Board Member		Х						0.	0.	0.
(26) Monisha Coelho	1.00								_	
Board Member (end 7/24)		Х						0.	0.	0.
1b Subtotal								444,667.	0.	60,679.
c Total from continuation sheets to Part \								0.	0.	0.
d Total (add lines 1b and 1c)								444,667.	0.	60,679.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Solid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Missionwell, LLC, 222 East Glenarm Street,		
	Accounting services	148,617.
The Beverly Hilton, 9876 Wilshire Blvd.,		
	Fundraiser site	113,107.
LA County Sheriff's Department		
211 W Temple St, Los Angeles, CA 90012	Security	105,978.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

See Part VII, Section A Continuation sheets

Form 990 (2024)

rerage ours per veek st any urs for elated nizations elow ine) 1.00 1.00	stee or director	ional frustee	(C Posi all t	tion hat			(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
rerage ours per veek st any urs for elated nizations elow line) 1.00 1.00	X Individual trustee or director	ional trustee	Posi all t	tion hat	арр	ly)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
ours per veek st any urs for elated nizations elow ine) 1.00 1.00	X Individual trustee or director	ional trustee	all t	hat	арр	ly)	compensation from the organization	compensation from related organizations	amount of other compensation
per veek st any urs for elated nizations elow ine) 1.00 1.00	X Individual trustee or director	ional trustee				ly)	from the organization	from related organizations	other compensation
veek st any urs for elated nizations elow line) 1.00 1.00	X Individual trustee or	Institutional trustee	Officer	Key employee	ompensated employee		the organization	organizations	compensation
st any urs for elated nizations elow ine) 1.00 1.00	X Individual trustee or	Institutional trustee	Officer	Key employee	ompensated employee		organization	•	•
urs for elated nizations elow line) 1.00 1.00	X Individual trustee or	Institutional trustee	Officer	Key employee	ompensated empl			(W-2/1099-MISC)	from the
lated nizations elow ine) 1.00 1.00 1.00	X Individual trustee or	Institutional trustee	Officer	Key employee	ompensated		(W-2/1099-MISC)		
nizations elow (ine) 1.00 1.00 1.00	X	Institutional trus	Officer	Key employee	ompen		l ` '		organization and related
elow (line) 1.00 1.00 1.00	X	Institutiona	Officer	Key emplo	ō				organizations
1.00 1.00 1.00	X	Institu	Office	Key e	st	ər			organizationo
1.00					Highe	Former			
1.00									
1.00	х						0.	0.	0.
1.00	Х	Ιl							
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	Х						0.	0.	0.
1.00							_		
	Х						0.	0.	0.
1.00							_	_	_
	Х						0.	0.	0.
1.00									
4 00	X	Ш					0.	0.	0.
1.00	l								•
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	х						0.	0.	0.
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D									95-221	, , , , , , , , , , , , , , , , , , ,
Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	mplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average			Posi	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any hours for	lirecto				l emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			satec		(88-2/1099-181130)		and related
	organizations	truste	al trus		yee	mper				organizations
	below	Individual trustee or director	Institutional trustee	7.	Key employee	Highest compensated employee	ь			3
	line)	Indiv	Instit	Officer	Keye	High	Former			
(47) Molly Lens	1.00									
Board Member		Х						0.	0.	0.
(48) Amy Longo	1.00									
Board Member		Х						0.	0.	0.
(49) Rachel Lowe	1.00									
Board Member		Х						0.	0.	0.
(50) Shahzad Malik	1.00									
Board Member		Х						0.	0.	0.
(51) Brian Marler	1.00							_	_	_
Board Member		Х						0.	0.	0.
(52) Amanda Massucci	1.00								_	_
Board Member		Х						0.	0.	0.
(53) Patrick Mcnicholas	1.00								_	_
Board Member		Х						0.	0.	0.
(54) Julia Mosel	1.00								_	_
Board Member (start 3/24)		Х						0.	0.	0.
(55) Ron Nessim	1.00									
Board Member		Х						0.	0.	0.
(56) Tara Newman	1.00	١								
Board Member	1 00	Х						0.	0.	0.
(57) Becky O'Malley	1.00	١								
Board Member	1 00	Х						0.	0.	0.
(58) Tony Oncidi	1.00	١								
Board Member (start 6/24)	1 00	Х						0.	0.	0.
(59) Christopher Paskach	1.00	١								
Board Member	1 00	Х						0.	0.	0.
(60) Emil Petrossian	1.00	,,							0	0
Board Member	1 00	Х						0.	0.	0.
(61) Fadia Rafeedie Khoury	1.00	,,							0	0
Board Member (end 3/24)	1 00	Х						0.	0.	0.
(62) David Rodman	1.00	. ,							0	0
Board Member	1 00	Х						0.	0.	0.
(63) Patrick Rogan	1.00	. ,							0	0
Board Member	1 00	Х						0.	0.	0.
(64) Alicia Schwarz	1.00	X						0.	0.	0
Board Member (end 8/24)	1.00	^			_	\vdash		0.	U •	0.
(65) Joel Siegel	1.00	x						0.	0.	0.
Board Member (66) Leah Solomon	1.00	^	\vdash			-		0.	0.	0.
	1.00	X						0.	0.	0.
Board Member									ا م ل ا	

Form 990 Teach Dei	mocracy								95-221	9680
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	ovee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	<u> </u>	•		C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per	(,,, 	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	Individual trustee or director	e)			Highest compensated employee		(W-2/1099-MISC)		organization
	related	ste e	Institutional trustee			bens				and related
	organizations	lal tru	onal t		Key employee	moo				organizations
	below	Jivid	stituti	Officer	yem	ghest	Former			
	line)	Ĕ	Ë	ъ	જ	宝	요			
(67) Robert Stern	1.00									•
Board Member	1 00	Х						0.	0.	0.
(68) Belinda Vega	1.00									•
Board Member (start 3/24)		Х						0.	0.	0.
(69) Laura Washington	1.00								_	
Board Member		Х						0.	0.	0.
(70) Collin Wedel	1.00									
Board Member		Х						0.	0.	0.
(71) Hon. Gregory Weingart	1.00									
Board Member		Х						0.	0.	0.
(72) Adam Weiss	1.00									
Board Member		Х						0.	0.	0.
(73) Aaron Wais	1.00									
Board Member		Х						0.	0.	0.
(74) Omid Yazdi	1.00									
Board Member		Х						0.	0.	0.
		ł								
		ł								
		\vdash		\vdash		\vdash	\vdash			
		ł								
	<u> </u>		<u> </u>							
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 786,410. c Fundraising events 1c 1d d Related organizations 629,927. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,946,486 similar amounts not included above 1g \$1,160,019. g Noncash contributions included in lines 1a-1f 3,362,823. h Total. Add lines 1a-1f **Business Code** 241,947. 900099 241,947. 2 a Program fees Program Service Revenue 9,194. b Publication 900099 9,194. С f All other program service revenue 251,141. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 152,293. 152,293. other similar amounts) Income from investment of tax-exempt bond proceeds 2,014. 2,014. Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a 200,000b Less: cost or other basis _{7b} 100,815. Other Revenue and sales expenses 99,185. 99,185. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 786,410. of contributions reported on line 1c). See Part IV, line 18 8b 124,902. **b** Less: direct expenses -124,902.124,902. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a Other income 900099 165,174. 165,174. d All other revenue 165,174. e Total. Add lines 11a-11d 3,907,728. 251,141. 293,764. Total revenue. See instructions 12

Form 990 (2024) Teach Democracy 95

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	·			X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations		СХРСПЗСЗ	general expenses	схрензез
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	54,530.	54,530.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	353,608.	176,804.	88,402.	88,402.
6	Compensation not included above to disqualified		•	,	<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	996,255.	844,801.	37,375.	114,079.
8	Pension plan accruals and contributions (include			,	<u> </u>
_	section 401(k) and 403(b) employer contributions)	30,836.	26,392.	698.	3,746.
9	Other employee benefits	117,834.	97,466.	4,832.	3,746. 15,536.
10	Payroll taxes	117,454.	88,629.	10,261.	18,564.
11	Fees for services (nonemployees):	,	00,000		
	Management				
	Legal				
	Accounting	172,811.	57,941.	62,111.	52,759.
	Lobbying	_/_/ -/-/	0.70	V=/===	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	528,759.	347,383.	144,934.	36.442.
12	Advertising and promotion	18,396.	6,168.	6,612.	36,442. 5,616.
13	Office expenses	25,788.	20,006.	2,902.	2,880.
14	Information technology				
15	Royalties				
16	Occupancy	81,295.	65,297.	3,621.	12,377.
17	Travel	32,954.	28,715.	4,041.	198.
18	Payments of travel or entertainment expenses	,			
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	178,918.	155,907.	21,938.	1,073.
20	Interest	-,	,	,	.,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	68,505.	52,643.	5,653.	10,209.
23	Insurance	,	,	,	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Data processing	40,631.	15,900.	24,654.	77.
h	Processing fees	15,196.	250.	1,576.	13,370.
c		,	-	,	
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,833,770.	2,038,832.	419,610.	375,328.
26	Joint costs. Complete this line only if the organization			· · ·	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	5 - ; /				F 000 (000.4)

Form 990 (2024) Part X Balance Sheet

Pa	ΙLΛ	Balance Sheet						
		Check if Schedule O contains a response or n	ote to an	y line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			440,853.	1	919,783.	
	2	Savings and temporary cash investments			543,642.	2	502,348.	
	3	Pledges and grants receivable, net			128,735.	3	117,472.	
	4	Accounts receivable, net	84,975.	4	72,563.			
	5	Loans and other receivables from any current						
		trustee, key employee, creator or founder, sub						
		controlled entity or family member of any of these persons				5		
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined				
ts		under section 4958(f)(1)), and persons describ	ed in sed	ction 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
⋖	9	Prepaid expenses and deferred charges			37,556.	9	20,735.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D		2,149,133.				
	b	Less: accumulated depreciation	10b	846,712.	1,305,528.	10c	1,302,421.	
	11	Investments - publicly traded securities			4,484,562.	11	5,450,125.	
	12	Investments - other securities. See Part IV, line	11			12		
	13	Investments - program-related. See Part IV, lin	e 11			13		
	14	Intangible assets	Intangible assets					
	15	Other assets. See Part IV, line 11	158,511.	15	140,875			
	16	Total assets. Add lines 1 through 15 (must ed		1	7,184,362.	16	8,526,322	
	17	Accounts payable and accrued expenses	188,685.	17	275,932.			
	18	Grants payable	110 000	18	116 600			
	19	Deferred revenue			112,200.	19	116,600	
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete				21		
ies	22	Loans and other payables to any current or fo						
Ħ		trustee, key employee, creator or founder, sub						
Liabilities		controlled entity or family member of any of th			144 222	22	140 550	
	23	Secured mortgages and notes payable to unre			144,323.	23	140,552.	
	24	Unsecured notes and loans payable to unrelat				24		
	25	Other liabilities (including federal income tax, p						
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X	13,987.		9,110.	
		of Schedule D			459,195.		542,194.	
	26	Total liabilities. Add lines 17 through 25			433,133.	26	342,134	
es		Organizations that follow FASB ASC 958, cl	ieck ner	e 🔼				
ŭ	07	and complete lines 27, 28, 32, and 33.			6,184,879.	07	6,679,224.	
3ala	27				540,288.	27 28	1,304,904.	
βE	28	Net assets with donor restrictions Organizations that do not follow FASB ASC			340,200.	28	1,301,301	
Ψ		_	956, CH	eck nere				
Net Assets or Fund Balances	20	and complete lines 29 through 33.	c			20		
ets	29	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or				29 30		
Ass	30	Retained earnings, endowment, accumulated				31		
et/	32	— · · · · · · · · · · · · · · · · · · ·			6,725,167.	32	7,984,128.	
Z	33	Total net assets or fund balances Total liabilities and net assets/fund balances			7,184,362.	33	8,526,322.	
	_ 33	Total habilities and het assets/fullu balances			,,101,502.	JJ	Farm 990 (2024	

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		3,90		
2	Total expenses (must equal Part IX, column (A), line 25)		2,83		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,07	3,9	58.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,72		
5	Net unrealized gains (losses) on investments	5	43	6,4	81.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-25	1,4	78.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,98	4,1	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2024)

SCHEDULE A

(Form 990)

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

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

Open to Public Inspection

Name of the organization

Teach Democracy

Employer identification number 95 – 2219680

			ii Democrac	_			9	3-2219000
Pa	rt I	Reason for Public (Charity Status.	All organizations must o	omplete th	nis part.) S	See instructions.	
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz						the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a q	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C		,	·	, 0		
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v).	
	X	An organization that norma	-					public described in
•		section 170(b)(1)(A)(vi). (Co		That part of its support	nom a gov	orranion ta	anic or nom the goneral	public decembed in
8		A community trust describe		1\(\(\Delta\)\(\vi\) (Complete Par	+ 11 \			
9	一	An agricultural research org				ed in coni	inction with a land-grant	college
9	ш							
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	marrie, city	y, and state of the collec	ge or
40		university:	Uh. 110 - 11	then 00 1/00/ of its over				
10	ш	An organization that norma						
		activities related to its exen		•				
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	-					
11	Ш	An organization organized a	· ·	•	•			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	o perform	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.	
а		☐ Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus			·			•
С		Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.
		its supported organization					• •	,
d		Type III non-functionally						ization(s)
_		that is not functionally int						
		requirement (see instruct	-	•	•		•	
е		Check this box if the orga	-	-				
Ŭ		functionally integrated, or					2 1 ypc 1, 1 ypc 11, 1 ypc 111	
f	Ente	er the number of supported o		nally integrated support	ing organi	zation.		
,		ride the following information	•	ad organization(s)				
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	.,	(described on lines 1-10	in your governi	No No	support (see instructions)	support (see instructions)
				above (see instructions))	163	140		
					 			
					 			

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 903,722. 2,512,651 2,053,884 2,134,029 3,362,823 10,967,109. 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 903,722. 2,512,651 2,053,884. 2,134,029 3,362,823 10,967,109. 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) 1,868,726. 9,098,383. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 903,722. 2,512,651. 2,053,884. 2,134,029 3,362,823. 10,967,109. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 83,024. 113,540. 120,602. 304,292. 154,307. 775,765. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 536,720. 90,450. 50. 165,174. assets (Explain in Part VI.) **11 Total support.** Add lines 7 through 10 130,135. 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 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 Section C. Computation of Public Support Percentage 72.58 14 % 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 75.97 15 Public support percentage from 2023 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990) 2024

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	olow, please com	proto r ure m.				
	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and		, ,	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus- iness under section 513						
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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and		1		1		
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		•	•	•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6		, ,	, ,	, ,	Ì	.,
	d Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2024 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2023					16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage				
17	·					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2024. If the						17 is not
	more than 33 1/3%, check this box a						L
ł	33 1/3% support tests - 2023. If the	•			•	•	
	line 18 is not more than 33 1/3%, che			•		ŭ	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a. or 19b. check tl	nıs box and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а		on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
		e detail in Part VI.	11c		
Sec		. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	•		
_		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		ised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		<i>y</i>		Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	son of the relationship described on line 2, above, did the organization's supported organizations have a	_		
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec		. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions)).		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	ϵ	entity (see instructions).			
2	Activiti	es Test. Answer lines 2a and 2b below.		Yes	No
а	Did sul	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the sup	oported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	e organization was responsive to those supported organizations, and how the organization determined			
	that the	ese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	I the reasons for the organization's position that its supported organization(s) would have engaged in			
	these a	activities but for the organization's involvement.	2b		
3	Parent	of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	es of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2024 Teach Democracy			95-2219680 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar		<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year

Sec	tion C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	integr	ated Type III supporting orga	anization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2024

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2024 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2024	ns	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2024 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2024				
а	From 2019				
b	From 2020				
С	From 2021				
d	From 2022				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to under distributions of prior years				
h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2024 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u> </u>	F (0000				

Schedule A (Form 990) 2024

d Excess from 2023 e Excess from 2024

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number (EIN) Name of organization 95-2219680 Teach Democracy Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures \$____ 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ______\$____ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Nο 4a Was a correction made? 」Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ ______ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ______\$ ___ 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (c) EIN (d) Amount paid from (b) Address (e) Amount of political contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2024

Schedule C		<u>Teach Demo</u>				219680 Page 2
Part II-A	'	janization is ex	empt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
	section 501(h)).					
A Check	if the filing organiza	tion belongs to an a	ffiliated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and shar	•	• • •			
B Check	if the filing organiza	tion checked box A	and "limited control" pro	ovisions apply.	<u> </u>	T
	Limi	ts on Lobbying Exp	enditures		(a) Filing	(b) Affiliated group
	(The term "expend	ditures" means am	ounts paid or incurred.)	organization's totals	totals
			, , , , , , , ,			
	obbying expenditures to influ				0.	
	obbying expenditures to influ				0.	
	obbying expenditures (add li				2,833,770.	
	exempt purpose expenditure		4 _l\		2,833,770.	
	exempt purpose expenditure				291,689.	
	ring nontaxable amount. Ente amount on line 1e, column (a) e				251,005.	
	er \$500,000		the lobbying nontaxate of the amount on line 1e			
	500,000 but not over \$1,000		000 plus 15% of the exc			
	1,000,000 but not over \$1,5		000 plus 10% of the exc			
	1,500,000 but not over \$17,		000 plus 5% of the exce			
	17,000,000 but not over \$17,		0,000.	233 0VCI Ψ1,300,000.		
	roots nontaxable amount (er	. 0=0/ 5!! 45			72,922.	
•	act line 1g from line 1a. If zer	•			0.	
	act line 1f from line 1c. If zero	·			0.	
	e is an amount other than ze					
•	ing section 4911 tax for this		,			Yes No
		-	veraging Period Under			
	(Some organizations the	hat made a section	501(h) election do not	have to complete all	of the five columns b	elow.
		See the sepa	arate instructions for li	nes 2a through 2f.)		
		Lobbying Exp	enditures During 4-Yea	ar Averaging Period		
	Calendar year					
(or fis	cal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
		251 220	261 215	201 000	201 600	1 000 222
	ring nontaxable amount	254,338	. 261,315.	281,890.	291,009.	1,089,232.
-	ring ceiling amount of line 2a, column(e))					1,633,848.
(130%	or line Za, columnite))					1,033,040.
• Total l	obbying expenditures					
C TOTAL	obbying expenditures					
d Grassi	roots nontaxable amount	63,585	. 65,329.	70,473.	72,922.	272,309.
	roots ceiling amount	20,000	10,020	17,2:30	,	=:=,::,:
	of line 2d, column (e))					408,464.
, ,,,	, (1)					,
f Grassi	roots lobbying expenditures					

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity.	Yes	No	Amo	-
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior year	? 3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No;" OF	R (b) Pari	t III-A, lir	ıe 3, is
	answered "Yes."				
1	Dues, assessments, and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid):				
а	Current year		2a		
b	Carryover from last year		2b		
С					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Pai	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	and 2 (see	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

(Rev. December 2024) 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

Open to Public Inspection

Name of the organization

Teach Democracy

Employer identification number 95-2219680

Pa			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) I dilds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
3 4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets hold in donor advi	end funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor of		
	• •	or deficit devices, or for any earlier purpose	
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	-	·
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year		
4	Number of states where property subject to conservation ea	·	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerv	ation accoments during the year
'	Amount of expenses incurred in monitoring, inspecting, hand	alling of violations, and emorcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170	(h)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservat		
-	balance sheet, and include, if applicable, the text of the foot	-	
	organization's accounting for conservation easements.	3	
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in t	furtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990 Part Y		•

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her S	Similar A	Asset	ts (continue	:d)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	e signi	ficant use	of its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's e	xempt	purpose	in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations of	of art, historical trea	sures, or other sim	lar ass	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?				Yes	No
Par	rt IV Escrow and Custodial Arrang	gements Complet	te if the organization	answered "Yes" o	n Forr	n 990, Pa	rt IV, li	ne 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodic						_	- r	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:		г				
								Amount	
С	Beginning balance				г	1c			
d	Additions during the year					1d			
е	Distributions during the year				·····	1e			
f	Ending balance				L	1f			
	Did the organization include an amount on Fo	· ·	•		•		🖳	」Yes	No
	If "Yes," explain the arrangement in Part XIII.							L	
Par	rt V Endowment Funds Complete if			(c) Two years back	_	Thron years	hack	(a) Four vo	are back
		(a) Current year	(b) Prior year		+				
	Beginning of year balance	2,086,616.	1,798,448.	1,940,655	+	1,788,	294.	1,00	59,885.
b	Contributions	1,397,945. 585,089.	200 160	-142,207	+	104	254	1.5	70 202
C	Net investment earnings, gains, and losses	365,069.	288,168.	-142,207	+	194,	254.		70,302.
d	Grants or scholarships				-				
е	Other expenditures for facilities					11	893.	,	41,893.
	and programs				+	 ,	0,55.		11,000.
'	Administrative expenses End of year balance	4,069,650.	2,086,616.	1,798,448		1,940,	655	1 78	88,294.
y 2	Provide the estimated percentage of the curr				<u>·</u>	1,540,	033.		70,234.
2	Board designated or quasi-endowment	95.3900	e (iiile Tg, coluitiit (a %	III rielu as.					
a	Permanent endowment • 0000	%							
C	Term endowment 4.6100 9								
·	The percentages on lines 2a, 2b, and 2c should be considered as a constant of the constant of								
За	Are there endowment funds not in the posses	· · · · · · · · · · · · · · · · · · ·	ation that are held a	nd administered fo	r the				
-	organization by:	oolon or the organiza	anon mar aro mora a	ia aariii ilotoroa ro				Ye	es No
	(i) Unrelated organizations?							3a(i)	X
								2 (11)	X
b	If "Yes" on line 3a(ii), are the related organiza							` '	+-
4	Describe in Part XIII the intended uses of the								
Par	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered), Part IV, line 11a. S	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accur	mulated		(d) Book va	alue
	,	basis (investn	nent) basis	other)	leprec	iation		` ,	
1a	Land		61	7,157.				617,	157.
	Buildings		37	4,955.	374	4,955	•		0.
	Leasehold improvements			1,457.		4,630			827.
	Equipment			4,764.	13'	7,127	•		637.
	Other		5	0,800.					800.
Total	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, line 10c, column	(B))				1,302,	421.

Schedule D (Form 990) (Rev. 12-2024) Teach Democ	cracy	95	-2219680 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" (e 11d. See Form 990, Part X, line 15.	1
(a) L	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	/ (D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	. (B))		
	on Form 000 Dort IV lin	a 11 a av 11f Saa Farm 000 Bart V lina 06	-
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, IIII	e TTe or TTI. See Form 990, Part A, iifle 23	(b) Book value
			(b) book value
(1) Federal income taxes (2) Current portion of operat:	ing loago li	ahili+v	4,188.
			4,100.
	, met of cur.	renc borcion	4,344.
<u>(4)</u>			
(5)			
(6)			i

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

9,110.

(7) (8)

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per R	eturn	l
•	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,148,258.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	436,481.		
b	Donated services and use of facilities	2b	804,049.		
С					
d	Other (Describe in Part XIII.)				
е				2e	1,240,530.
3	Subtract line 2e from line 1			3	3,907,728.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,907,728.
Pa	ert XII Reconciliation of Expenses per Audited Financial State		h Expenses per	Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	3,637,819.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		004 040		
а			804,049.		
b	Prior year adjustments				
С					
	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·			004 040
е	Add lines 2a through 2d			2e	804,049.
3	Subtract line 2e from line 1			3	2,833,770.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	·			0
	Add lines 4a and 4b			4c	0. 2,833,770.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information)		5	2,033,110.
		Doubly lines 16	and Ohi Dark V. line	4. David	V. line O. Davit VI
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4; Part	X, line 2; Part XI,
	rt V, line 4:	additional infor	mation.		
	ach Democracy's Board of Directors has d	esignate	d a portio	n o	f it's net
	sets without donor restrictions to be us				
	ecifications of a challenge grant, or fo				
<u> </u>	ocilioacions of a charlenge grame, of to		oney purpos		
Pa:	rt X, Line 2:				
	ach Democracy is exempt from taxation un	der Inte	rnal Reven	ue (Code
(":	IRC") Section 501(c)(3) and California R	evenue a	nd Taxatio	n Co	ode Section
	701d.				
Ge	nerally accepted accounting principles p	rovide a	ccounting	and	disclosure
gu	idance about positions taken by an organ	ization	in its tax	re	turns that
mi	ght be uncertain. Management has conside	red its	tax positi	ons	and
be:	lieves that all of the positions taken b	y Teach	Democracy	in :	its federal
and	d state exempt organization tax returns	are more	e likely th	an i	not to be
su	stained upon examination. Teach Democrac	y's retu	ırns are su	bje	ct to
ex	amination by federal and state taxing au	thoritie	s, general	1y :	for three
an	d four years respectively, after they ar	e filed.	1		
		•			

Schedule D (Form 990) (Rev. 12-2024) Teach Democracy Part XIII Supplemental Information (continued)	95-2219680	Page 5
Part XIII Supplemental Information (continued)		

SCHEDULE G (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990) (Rev. 12-2024)

name of the organization Teach D	emocracy					95-2219	680
	Complete if the organization answe	red "Y	es" o	n Form 990, Part IV, I	line 1	7. Form 990-EZ	I filers are not
required to complete this part of the part	sed funds through any of the following and solicitates and solicitates are represented by the following are solicitated by the following are solicitated by the following are represented by the following are solicitated by the following are solicitat	ion of ion of fundra (includ	nongo gover iising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
- Fotal							
3 List all states in which the organization or licensing.				s or has been notified	d it is	exempt from re	egistration
				-			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Pa	rt l	Fundraising Events. Complete if th	e organization answered	l "Yes" on Form 990, Pa	rt IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gr		EZ, lines 1 and 6b. List		ots greater than \$5,000.
			(a) Event #1 Annual Event	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Direct Expenses Revenue Direct Expenses Bevenue Direct Expenses Bayes Ba			(event type)	(event type)	(total namber)	
Rever	1	Gross receipts	786,410.			786,410.
	2	Less: Contributions	786,410.			786,410.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Jirect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				124,902.
	10	Direct expense summary. Add lines 4 through				124,902.
	11					-124,902.
Pa	rt l		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.		(I-) Dull tabe/instant	<u> </u>	(a) Tatal manaisan (a dal
/enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	_					
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_	-+-+0		Yes No
						. L res L No
D	"	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
b	"	Yes," explain:				

Scn	edule G (Form 990) (Rev. 12-2024) 1 each Deliloctacy 95-2	<u> </u>	000	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
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?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility	13b		%
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 revenue?	. 🗆	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
С	e If "Yes," enter the name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
а	s Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	□ No
	retain the state gaming license?	. Ш	res	□ №
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	-+ III I	naa 0	0h 10h
га		rt III, II	nes 9,	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schodule (From 990) Teach Democracy 95-2219680 Pa Part IV Supplemental Information (continued)	Schedule G	G(Form 990) Teach Democracy	95-2219680 _{Pag}	e 4
	Part IV	Supplemental Information (continued)		
		(*******)		

SCHEDULE I (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
Teach Dem	_						95-2219680
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro						· · · · · · · · · · · · · · · · · · ·	
Part II Grants and Other Assistance to recipient that received more than						Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of other organization			he line 1 table				······

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Teacher and student stipends	300	54,530.	0.		
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
Part I, Line 2:					
Stipends are paid to teachers at o	lifferent	amounts,	depending	on the task,	
program, or need.					

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Part I Questions Regarding Compensation

Employer identification number 95-2219680

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
Ü	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

		(B) Breakdown of W	J-2 and/or 1099-MISe compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(ii) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) Keri Doggett	(i)	159,837.	0.	0.	6,394.	19,219.		0.	
VP, Programming & Operations	(ii)	0.	0.	0.	0.	0.		0.	
(2) Cara Shaffer	(i)	136,915.	0.	0.	5,023.	9,799.		0.	
Director of Development	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

95-2219680

	Teach Democracy 95-2										
Pa	Part I Types of Property										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of c noncash contrib	letermin	•	s			
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5	Clothing and household goods										
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities - Publicly traded	X	4	1,160,019.	FMV						
10	Securities - Closely held stock										
11	Securities - Partnership, LLC, or										
	trust interests										
12	Securities - Miscellaneous										
13	Qualified conservation contribution -										
	Historic structures										
14	Qualified conservation contribution - Other										
15	Real estate - Residential										
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other ()										
26	Other ()										
27	Other ()										
28	Other ()										
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions							
	for which the organization completed Form 82	83, Part V, [Donee Acknowledg	gement 29							
							Yes	No			
30a	During the year, did the organization receive b	y contribution	on any property rep	ported on Part I, lines 1 throu	igh 28, that it			1			
	must hold for at least 3 years from the date of	the initial co	ontribution, and wh	ich isn't required to be used	for						
	exempt purposes for the entire holding period	?				30a		X			
b	If "Yes," describe the arrangement in Part II.							X			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?										
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
	contributions?										
b	If "Yes," describe in Part II.										
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,						
	describe in Part II.										

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

Schedule M (Form 990) 2024

Schedule M	, Pá	art I,	Column	(b):	determined					
The number	of	items	reporte	ed is	determined	by	the	total	number	of
donors.										

SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Teach Democracy

Employer identification number 95-2219680

Form 990, Part I, Line 1, Description of Organization Mission: citizenship.

Form 990, Part III, Line 1, Description of Organization Mission: to empower them to be informed, skilled and engaged participants in civic life. It offers educational publications and resources.

Form 990, Part III, Line 4d, Other Program Services:
Teach Democracy is known for a wide range of ongoing, direct
programming for students from primarily underserved communities. In
these programs, we emphasize active learning through deliberation,
discussion, simulations, and role play. When civic content and skills
are taught effectively, young people also develop civic dispositions
including the belief in their responsibility to participate in
democratic processes, the value of keeping up with current events,
respecting one another, and valuing the rights of others.
Expenses \$ 909,672. including grants of \$ 11,021. Revenue \$ 9,194.

Form 990, Part VI, Section B, line 11b:
Form 990 is prepared under oversight of the Audit Committee and then reviewed by the Executive Committees. When their reviews are complete, it's forwarded to the board of directors for final review and approval.

Form 990, Part VI, Section B, Line 12c:

A conflict of interest policy has been approved by the board of directors. A conflict of interest disclosure statement including a list of major Teach Democracy vendors with whom Teach Democracy transacted business during the previous year is furnished annually to each director, officer, and member of the executive staff of Teach Democracy. The forms are reviewed and signed by each member with any conflicts noted and returned to the Teach Democracy staff member who handles board affairs. This individual compiles any positive responses and reports them to the executive committee. In the event a conflict arises, the person with the conflict would recuse themselves from voting.

Form 990, Part VI, Section B, Line 15a:
The organization has established a compensation committee of the board of directors, independent of management, which obtains comparative compensation information, reviews and approves executive compensation, and documents the results.

Form 990, Part VI, Section C, Line 19:

Governing documents, conflict of interest policies, and financial statements are available to executive staff and the board of directors. Upon request from the general public the organization will provide access to these documents as required by law.

Form 990, Part IX, Line 11g, Other Fees:

Contract services:

Program service expenses

Management and general expenses

Fundraising expenses

292,712.

292,712.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)