Teaching Peace, Inc. dba Longmont Community Justice Partnership (a nonprofit Colorado corporation)

Longmont, Colorado

Financial Statements

December 31, 2019 and 2018

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HAMBLIN AND ASSOCIATES, LLC

Certified Public Accountants

Member of the American Institute of Certified Public Accountants

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INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To:

Executive Director Kathleen McGoey and the Board of Directors of Longmont Community Justice Partnership Longmont, Colorado

We have reviewed the accompanying financial statements of Longmont Community Justice Partnership. (a nonprofit organization), which comprise the statement of financial position as of December 31, 2019, and the related statements of activities, cash flows, and functional expenses for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

Accountant's Responsibility

Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

Accountant's Conclusion

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Hamblin and Associates, IIT

Golden, Colorado March 19, 2020

Statements of Financial Position

| December 31, | 2019 | 2018 |
|---|--|--|
| ASSETS | | |
| Current Assets Cash and cash equivalents Investments, fair value Grants and other receivables Prepaid expenses Total current assets | \$ 75,220 60,638 2,194 2,607 140,659 | \$ 88,340 50,921 4,273 2,583 146,117 |
| Total assets | \$ 140,659 | \$ 146,117 |
| LIABILITIES AND NET ASSETS | | |
| Current Liabilities Accounts payable Accrued wages, PTO, and payroll taxes Funds held as fiscal agent Total current liabilities | \$ 4,898 1,278 1,658 7,834 | 3,520 16,586 410 20,516 |
| Net Assets Without donor restriction Board designated endowment Undesignated | 60,638 72,187 | 47,444 78,157 |
| Total net assets | 132,825 | 125,601 |
| Total liabilites and net assets | \$ 140,659 | \$ 146,117 |

STATEMENTS OF ACTIVITIES

| December 31, | | 20 | 19 | | 2018 | | | | |
|-------------------------------|----|-------------------------|----|---------|------|-----------|-------|---------|--|
| | | out Donor estriction | | Total | | out Donor | Total | | |
| Support and Revenue | - | _ | - | | - | _ | - | - | |
| Support | | | | | | | | | |
| Grants: | | | | | | | | | |
| Grants-State | \$ | 8,465 | \$ | 8,465 | \$ | 4,895 | \$ | 4,895 | |
| Grants-City of Longmont | | 200,000 | | 200,000 | | 200,000 | | 200,000 | |
| Grants-Other | | 19,500 | | 19,500 | | | | | |
| Total grants | | 237,965 | | 237,965 | | 204,895 | | 204,895 | |
| Contributions | | 133,586 | | 133,586 | - | 124,240 | | 124,240 | |
| Total support | | 371,551 | | 371,551 | | 329,135 | | 329,135 | |
| Revenue | | | | | | | | | |
| Program revenue | | 49,420 | | 49,420 | | 76,005 | | 76,005 | |
| Interest and net gains/losses | | 10,883 | | 10,883 | | 1,251 | | 1,251 | |
| Total revenue | | 60,303 | | 60,303 | | 77,256 | | 77,256 | |
| Total support and revenue | | 431,854 | | 431,854 | | 406,391 | | 406,391 | |
| Functional Expenses | | | | | | | | | |
| Program services | | 326,798 | | 326,798 | | 324,212 | | 324,212 | |
| Supporting services | | | | | - | | | | |
| Fundraising | | 54,783 | | 54,783 | | 40,871 | | 40,871 | |
| General and administrative | | 43,049 | | 43,049 | | 40,362 | | 40,362 | |
| Total supporting services | | 97,832 | | 97,832 | | 81,233 | | 81,233 | |
| Total functional expenses | | 424,630 | | 424,630 | | 405,445 | | 405,445 | |
| Change in Net Assets | | 7,224 | | 7,224 | | 946 | | 946 | |
| Net Assets, Beginning of Year | | 125,601 | | 125,601 | | 124,655 | | 124,655 | |
| Net Assets, End of Year | \$ | 132,825 | \$ | 132,825 | \$ | 125,601 | \$ | 125,601 | |

STATEMENTS OF CASH FLOWS

| Year Ended December 31, 2019 | 2019 | 2018 | | |
|--|---|-----------------------------------|--|--|
| Cash Flows From Operating Activities | | | | |
| Change in net assets Adjustments to reconcile change in net assets to net cash provided by operating activities | \$ 7,224 | \$ 946 | | |
| Increase (decrease) from changes in assets and liabilities Grants and other receivables Prepaid expenses Accounts payable Accrued wages, PTO, and payroll taxes Funds held as fiscal agent | 2,079 (24) 1,378 (15,308) 1,248 | 14,591 569 (8,081) 8,837 | | |
| Net cash provided by operating activites | (3,403) | 16,862 | | |
| Cash Flows From Investing Activities | | | | |
| Investments | (9,717) | 4,378 | | |
| Net cash from investing activities | (9,717) | 4,378 | | |
| Net Increase (Decrease) in Cash and Cash Equivalents | (13,120) | 21,240 | | |
| Cash and Cash Equivalents, Beginning of Year | 88,340 | 67,100 | | |
| Cash and Cash Equivalents, End of Year | \$ 75,220 | \$ 88,340 | | |

STATEMENT OF FUNCTIONAL EXPENSES

Year Ended December 31, 2019

| | | Program | Services | | Suj | pporting Service | es | |
|-------------------------------------|------------|------------|-----------|------------|-------------|------------------|-----------|------------|
| | Volunteer | | | | | General and | | Total |
| | & Training | CRJ | Other | Total | Fundraising | Adminstrative | Total | Expenses |
| Salaries and wages | \$ 72,567 | \$ 129,694 | \$ - | \$ 202,261 | \$ 35,521 | \$ 16,301 | \$ 51,822 | \$ 254,083 |
| Payroll taxes | 5,657 | 10,049 | 470 | 16,176 | 2,812 | 1,437 | 4,249 | 20,425 |
| Employee Benefits | 1,983 | 3,069 | - | 5,052 | 796 | 10,409 | 11,205 | 16,257 |
| Total Personnel | 80,207 | 142,812 | 470 | 223,489 | 39,129 | 28,147 | 67,276 | 290,765 |
| Legal, professional, and consulting | 3,198 | 10,614 | 10,864 | 24,676 | 10,685 | 3,193 | 13,878 | 38,554 |
| Staff development | 39 | 330 | 120 | 489 | 28 | - | 28 | 517 |
| Rent | _ | 18,180 | 14,202 | 32,382 | 1,014 | 5,072 | 6,086 | 38,468 |
| Supplies | 886 | 1,590 | 3,219 | 5,695 | 305 | 1,279 | 1,584 | 7,279 |
| IT | _ | 52 | 549 | 601 | 38 | 370 | 408 | 1,009 |
| Insurance | _ | - | 1,965 | 1,965 | 140 | 702 | 842 | 2,807 |
| Fundraising expenses | 260 | - | · - | 260 | 1,147 | - | 1,147 | 1,407 |
| Volunteer and staff | 2,788 | 14 | 1,267 | 4,069 | 40 | 514 | 554 | 4,623 |
| Repair and maintenance | - | - | 387 | 387 | 27 | 138 | 165 | 552 |
| Telephone and internet | - | - | 832 | 832 | 293 | 297 | 590 | 1,422 |
| Equipment, non-capital | - | 407 | 316 | 723 | 255 | 159 | 414 | 1,137 |
| Conferences, conventions, meetings | 906 | - | 2,025 | 2,931 | - | 20 | 20 | 2,951 |
| Travel and mileage | 1,121 | - | 522 | 1,643 | 106 | 127 | 233 | 1,876 |
| Training | 18,720 | - | - | 18,720 | - | - | - | 18,720 |
| Board expenses | - | 1,050 | - | 1,050 | - | 377 | 377 | 1,427 |
| Marketing and community education | 50 | 258 | 1,853 | 2,161 | 39 | 195 | 234 | 2,395 |
| Events | 1,876 | - | - | 1,876 | 7 | - | 7 | 1,883 |
| Dues and subscriptions | - | 49 | 617 | 666 | 617 | 545 | 1,162 | 1,828 |
| Licenses and permits | - | - | 16 | 16 | - | 70 | 70 | 86 |
| Bank fees | 185 | 21 | - | 206 | 4 | 1,331 | 1,335 | 1,541 |
| Postage | 13 | 495 | 609 | 1,117 | 329 | 42 | 371 | 1,488 |
| Printing | 438 | 37 | 344 | 819 | 578 | 163 | 741 | 1,560 |
| Miscellaneous | | | 25 | 25 | 2 | 308 | 310 | 335 |
| TOTAL FUNCTIONAL EXPENSES | \$ 110,687 | \$ 175,909 | \$ 40,202 | \$ 326,798 | \$ 54,783 | \$ 43,049 | \$ 97,832 | \$ 424,630 |

STATEMENT OF FUNCTIONAL EXPENSES

Year Ended December 31, 2018

| | | Program | Services | | Su | Supporting Services | | | | | |
|-------------------------------------|------------|------------|-----------|------------|-------------|---------------------|-----------|------------|--|--|--|
| | Volunteer | | | | | General and | | Total | | | |
| | & Training | CRJ | Other | Total | Fundraising | Adminstrative | Total | Expenses | | | |
| Salaries and wages | \$ 67,325 | \$ 129,187 | \$ - | \$ 196,512 | \$ 21,237 | \$ 16,985 | \$ 38,222 | \$ 234,734 | | | |
| Payroll taxes | 5,343 | 10,334 | 379 | 16,056 | 1,727 | 1,410 | 3,137 | 19,193 | | | |
| Employee Benefits | 6,933 | 11,489 | | 18,422 | 2,228 | 1,704 | 3,932 | 22,354 | | | |
| Total Personnel | 79,601 | 151,010 | 379 | 230,990 | 25,192 | 20,099 | 45,291 | 276,281 | | | |
| Legal, professional, and consulting | 1,934 | 218 | 10,189 | 12,341 | 8,878 | 4,565 | 13,443 | 25,784 | | | |
| Staff development | - | 85 | 1,715 | 1,800 | 48 | 378 | 426 | 2,226 | | | |
| Rent | - | 18,180 | 11,138 | 29,318 | 796 | 3,980 | 4,776 | 34,094 | | | |
| Supplies | 1,219 | 2,502 | 5,636 | 9,357 | 62 | 655 | 717 | 10,074 | | | |
| IT | - | - | 774 | 774 | 49 | 438 | 487 | 1,261 | | | |
| Insurance | - | - | 2,301 | 2,301 | 164 | 822 | 986 | 3,287 | | | |
| Fundraising expenses | | - | - | - | 2,775 | - | 2,775 | 2,775 | | | |
| Volunteer training and recognition | 1,017 | - | - | 1,017 | - | - | - | 1,017 | | | |
| Repair and maintenance | - | - | 75 | 75 | 5 | 28 | 33 | 108 | | | |
| Telephone and internet | - | - | 790 | 790 | 57 | 282 | 339 | 1,129 | | | |
| Equipment, non-capital | 75 | | 121 | 196 | 211 | 31 | 242 | 438 | | | |
| Conferences, conventions, meetings | 327 | 30 | 1,657 | 2,014 | 50 | - | 50 | 2,064 | | | |
| Travel and mileage | 1,094 | - | 573 | 1,667 | 31 | 244 | 275 | 1,942 | | | |
| Training | 20,642 | - | - | 20,642 | - | - | - | 20,642 | | | |
| Board expenses | - | - | - | - | - | 2,220 | 2,220 | 2,220 | | | |
| Marketing and community education | - | - | 1,428 | 1,428 | 853 | 493 | 1,346 | 2,774 | | | |
| Events | 1,749 | - | 6,120 | 7,869 | 500 | - | 500 | 8,369 | | | |
| Dues and subscriptions | - | - | 732 | 732 | 52 | 261 | 313 | 1,045 | | | |
| Licenses and permits | - | - | - | - | - | 20 | 20 | 20 | | | |
| Bank fees | 14 | 68 | - | 82 | 280 | 1,086 | 1,366 | 1,448 | | | |
| Postage | - | 180 | 174 | 354 | 743 | 65 | 808 | 1,162 | | | |
| Printing | 7 | 36 | 422 | 465 | 125 | 149 | 274 | 739 | | | |
| Miscellaneous | | | | | | 4,546 | 4,546 | 4,546 | | | |
| TOTAL FUNCTIONAL EXPENSES | \$ 107,679 | \$ 172,309 | \$ 44,224 | \$ 324,212 | \$ 40,871 | \$ 40,362 | \$ 81,233 | \$ 405,445 | | | |

Notes to Financial Statements

December 31, 2019 and 2018

Note 1 - Nature of Organization and Significant Accounting Policies

Nature of Organization. Teaching Peace, Inc., dba Longmont Community Justice Partnership hereinafter referred to as "the Organization" or "LCJP" was incorporated in November 1994 for the purpose of providing restorative justice to residents in and around Longmont, Colorado. Program values include respect, responsibility, relationship, repair, and reintegration.

The basic programs of the Organization are as follows:

CRJ - The Community Restorative Justice (CRJ) program works in conjunction with the Longmont Police, Municipal Court and Probation to work with victims and offenders to successfully repair harms caused by crime and conflict. Re-offense rates for offenders who successfully complete restorative justice processes average only 10%. Ninety-five percent (95%) of participants report being satisfied with the CRJ process. The RJ Microgrant refers to grant funds received by the Restorative Justice State Council of Colorado to improve services provided by the CRJ program by making them more culturally inclusive. Specifically, RJ Microgrant funds were allocated to contract certified bilingual interpreters, and to purchase professional interpreter equipment. These improvements make the CRJ program more culturally inclusive and responsive for our monolingual Spanish clients, which comprise about 30% of our overall caseload. Rewind refers to a developing collaboration between the CRJ program and a juvenile diversion program initiated by the City of Longmont's Municipal Probation and Youth Center in 2018. This collaboration allows more Longmont youth to be referred to restorative justice after committing a municipal offense.

Volunteer & Training: The Volunteer & Training program supports all LCJP services through the recruitment, training, and maintenance of volunteers. Volunteers' presence and leadership enables LCJP's services to be truly community-driven. In 2019, volunteers contributed over 2,600 hours of their time to support implementation of restorative justice in Longmont. In addition to volunteers, LCJP trains youth and adults from various stakeholder groups, including schools, universities, law enforcement agencies, and judicial districts to utilize restorative practices and participate in restorative justice processes. In schools, LCJP prepares school staff, administrators, and district level officials to use restorative approaches to address students' behavioral issues, and interventions that can be used in place of suspensions or expulsions. LCJP works in partnership with St. Vrain Valley School District and other districts across Colorado.

Use of Estimates. The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Notes to Financial Statements

December 31, 2019 and 2018

Basis of Accounting. The financial statements of the Organization have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables, and other liabilities.

Basis of Presentation. The financial statements of LCJP have been prepared in accordance with U.S. generally accepted accounting principles ("US GAAP"), which require LCJP to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the organization net assets. These net assets may be used at the discretion of LCJP's management and board of directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of LCJP or by the passage of time. Other donor restrictions could be perpetual in nature, where the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of activities.

Endowments. LCJP has interpreted the State of Colorado enacted Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, LCJP classifies permanent endowments as: (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. Amounts in a donor-restricted endowment fund would remain restricted until those amounts are appropriated for expenditure by LCJP in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, LCJP considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of LCJP, and (7) LCJP's investment policies.

Notes to Financial Statements

December 31, 2019 and 2018

Note 1 - Nature of Organization and Significant Accounting Policies (continued)

The State of Colorado enacted UPMIFA was effective September 1, 2008. The provisions of this law apply to endowment funds existing on or established after that date. Currently, LCJP has only board-designated endowment funds and does not currently have any donor-restricted funds that meet the definition of endowment funds under UPMIFA. As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. Board-designated endowments are therefore reported in "net assets without donor restrictions".

Functional Allocation of Expenses. Direct expenses have been allocated to the applicable program for which the expenses were incurred. Indirect expenses have been allocated between program and supporting services based on an analysis of personnel time and space utilized for the related activities.

Cash and Cash Equivalents. LCJP considers all highly liquid debt instruments with maturities of three months or less to be cash equivalents. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments. Certain cash is restricted for long-term purposes and, accordingly, is excluded from cash and cash equivalents.

Investments. Investments in marketable securities with readily determinable fair values and any investments in debt securities are reported at their fair values in the statement of financial position.

Fair Value Measurements. The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

<u>Level 1</u>. Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

<u>Level 2</u>. Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Notes to Financial Statements

December 31, 2019 and 2018

Note 1 - Nature of Organization and Significant Accounting Policies (continued)

<u>Level 3</u>. Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The valuation methodology may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Property and Equipment. It is the Organization's policy to capitalize property and equipment at cost for purchases over \$5,000, while repair and maintenance items are charged to expense. Donations of property and equipment are capitalized at their estimated fair value at the date of gift. Such donations are reported as unrestricted contributions unless the donor has restricted the donated asset to a specific purpose. Property and equipment are depreciated using the straight- line method over the estimated useful lives of the assets. Currently, LCJP has no property and equipment.

Contributions and Promises to Give. Contributions are recognized when the donation is received. Donor-restricted contributions are reported as increases net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions. Contributions and grants that are restricted by the donor or grantor are reported as increases in net assets without donor restriction if the restrictions expire in the fiscal year in which the contributions are recognized.

Notes to Financial Statements

December 31, 2019 and 2018

Note 1 - Nature of Organization and Significant Accounting Policies (continued)

Grants receivable are due from government agencies and nonprofit entities. These receivables are stated net of allowances for uncollectible accounts. Management provides for probable uncollectible accounts through a provision for bad debt expenses and an adjustment to the allowance account, based on its assessment of the current status of individual accounts. Balances still outstanding after management has used reasonable collection efforts are written off through a reduction to the allowance account and a corresponding reduction to pledges and accounts receivable. Management believes that all grants receivable are fully collectible at December 31, 2019 and 2018.

Contributed Services and Supplies. Contributed services and supplies are recognized if services received (a) create or enhance non-financial assets or (b) require specialized skills and are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation. Total donated supplies, materials and professional services for the years ended December 31, 2019 and 2018 were \$18,870 and \$28,758, respectively.

A substantial number of individuals have made contributions of their time to assist the Organization in a variety of tasks and services. The value of these services is not recorded in the accompanying financial statements, as these services do not meet the criteria for recognition.

Advertising. The Organization expenses marketing and community education costs, including donated advertising, as they are incurred. Total marketing and community education costs for the years ended December 31, 2019 and 2018 were \$2,122 and \$2,114, respectively.

Income Taxes. LCJP is a nonprofit corporation exempt from income taxes as described in Section 501 (c)(3) of the Internal Revenue Code and is classified by the Internal Revenue Service as other than a private foundation. The Organization may be subject to income tax on unrelated business income. Income taxes from unrelated business income are recognized when incurred.

LCJP has adopted the provisions of ASC 740, pertaining to accounting for uncertainty in income taxes. The pronouncement requires the use of a more-likely-than-not recognition criteria before and separate from the measurement of a tax position. An entity shall initially recognize the financial statement effects of a tax position when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. With respect to LCJP, this would primarily relate to the determination of unrelated business taxable income and to the maintenance of its tax-exempt status.

Notes to Financial Statements

December 31, 2019 and 2018

Note 1 - Nature of Organization and Significant Accounting Policies (continued)

Management has evaluated the adopted policies and procedures that have been implemented to provide assurance that income is properly characterized and activities that jeopardize its tax-exempt status are within limits established under existing tax code and regulations. Management has determined the effects of uncertain tax positions are not material to the Organization for recognition or disclosure in the accompanying financial statements and, accordingly, no income tax liability has been recorded for uncertain income tax positions in the accompanying financial statements.

The income tax years 2017 through the current year are open for examination and are subject to taxation at corporate tax rates. Additionally, penalties and interest may be assessed on income taxes that are delinquent. The assessment of uncertain income taxes is subject to estimate, and it is reasonably possible that the estimate may change in the near term and the change may be material.

New Accounting Pronouncement

On August 18, 2016, the Financial Accounting Standards Board (FASB) issued ASU 2016-14 Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. Longmont Community Justice Partnership has adjusted the presentation of these statements accordingly. The ASU has been retrospectively applied to all periods presented.

Note 2 - Investments and Fair Value Measurements

Within the fair value hierarchy, LCJP's investments as of December 31, 2019 and 2018 were all level one investments of \$60,638 and \$50,921, respectively.

Changes in Fair Value Levels. The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Management evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer. There were no transfers up or down levels 1, 2, or 3 during the years ended December 31, 2019 and 2018.

Note 3 - Commitments

Operating Leases. The Organization leased office space under a cancelable operating lease. Rent expense under the lease totaled \$20,288 and \$15,912 for the years ended December 31, 2019 and 2018, respectively.

Notes to Financial Statements

December 31, 2019 and 2018

Note 4 - Net Assets With Donor Restrictions

The Organization had no donor restricted net assets at December 31, 2019 and 2018.

Note 5 - Retirement Plan

In 2008, the Organization established a SIMPLE IRA plan, for its full-time employees. The plan includes a discretionary match, based on a percentage of annual gross wages. In order to be eligible to participate, an employee must have completed 90 days of employment and have attained the age of 21 years. All employer contributions are immediately vested. The Organization contributed \$6,301 and \$4,883 during the years ending December 31, 2019 and 2018, respectively.

Note 6 - Concentration of Credit Risk

Concentration of Revenue. Approximately 33% and 52% of LCJP's revenues were received from the City of Longmont during the years ended December 31, 2019 and 2018, respectively. Approximately 44% and 25% of LCJP's revenues were received from the State of Colorado during the years ended December 31, 2019 and 2018, respectively.

Geographical Concentration. The Organization receives predominantly all of its support and revenue from Longmont, Colorado and surrounding communities.

Note 7 - Liquidity and Availability

The following represents Longmont Community Justice Partnership's financial assets at:

| | 12/31/2019 | | 12/31/2019 | | 12 | /31/2018 |
|---|------------|---------|------------|---------|----|----------|
| Financial assets at year-end: | | | | | | |
| Cash and cash equivalents | \$ | 75,220 | \$ | 88,340 | | |
| Investments | | 60,638 | | 50,921 | | |
| Accounts Receivable | | 2,194 | | 4,273 | | |
| Total financial assets at year-end: | | 135,858 | | 143,534 | | |
| Less amounts unavailable: | | | | | | |
| Cash designated by Board | | 60,638 | | 50,921 | | |
| Total amounts unavailable: | | 60,638 | | 50,921 | | |
| Financial assets available to meet general expenditures over the next 12 months | \$ | 75,220 | \$ | 92,613 | | |

LCJP's goal is generally to maintain financial assets to meet 90 days of operating expenses.

Notes to Financial Statements

December 31, 2019 and 2018

Note 8 - Subsequent Events

In preparing these financial statements, Management has evaluated events and transactions for potential recognition or disclosure through the date the financial statements were available to be issued.

HAMBLIN AND ASSOCIATES, LLC 23720 PONDVIEW PLACE GOLDEN, CO 80401 303-694-2727

April 19, 2020

TEACHING PEACE INC.
DBA LGMNT COMMUNITY JUSTICE PARTNERSHIP 528 Main St.
Longmont, CO 80501

Dear Client:

Enclosed is your 2019 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail your Federal return on or before May 15, 2020 to:

DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

| Please | be | sure | to o | call | us | if | you | have | any | q | uestions |
|--------|----|------|------|------|----|----|-----|------|-----|---|----------|
| | | | | | | | | | | | |

Sincerely,

Lyman Hamblin

Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

, 2019, and ending

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

| В | Check | if applicable: | С | | D Employ | er identif | ication number | | |
|---------------|----------|-----------------------|--|------------------------------|------------------|-------------|-----------------------|--|--|
| | A | ddress change | TEACHING PEACE INC. | | 84- | 12911 | .33 | | |
| | N | ame change | DBA LGMNT COMMUNITY JUSTICE PARTNERSHIP | | E Teleph | one numbe | er | | |
| | In | itial return | 528 Main St. | | 303 | -776- | -1527 | | |
| | - | nal return/terminated | Longmont, CO 80501 | | | | | | |
| | | mended return | | | G Gross r | eceipts \$ | 431 | ,854. | |
| | \vdash | pplication pending | F Name and address of principal officer: | I(a) Is this a | | | | 3.7 | |
| | ш^ | pphoation ponding | • • | H(b) Are all s If "No," a | ubordinates | s included | | | |
| $\overline{}$ | Tax | exempt status: | X 501(c)(3) 501(c) () ✓ (insert no.) 4947(a)(1) or 527 | If "No," a | attach a list | . (see inst | tructions) | | |
| J | | • | | H(c) Group ex | xemption n | umber ► | | | |
| K | | n of organization: | X Corporation Trust Association Other L Year of formatio | | | | gal domicile: C(|) | |
| | rt I | Summar | | ···· 1993 | | State of ic | gar derritene. Co | | |
| | 1 | | be the organization's mission or most significant activities:RESTORATIV | E JUST | TCE F | OR I.C | NGMONT. | ST. | |
| a) | | | LLEY SCHOOLS, BOULDER COUNTY, AND COLORADO. | | | <u> </u> | | | |
| ũ | | | | | | | | | |
| Governance | | | | | | | | | |
| ծ | 2 | | ox F if the organization discontinued its operations or disposed of mor | | | net ass | sets. | | |
| <u>ග</u> න | | | oting members of the governing body (Part VI, line 1a) | | | 3 | | | |
| Se | 4 5 | | dependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2019 (Part V, line 2a) | | | 5 | | 7 | |
| ₹ | 5 | | of volunteers (estimate if necessary) | | | 6 | | 142 | |
| Activities & | 7a | | ed business revenue from Part VIII, column (C), line 12 | | | 7a | | 142 | |
| - | | | I business taxable income from Form 990-T, line 39 | | | 7b | | 0. | |
| | | | | | ior Year | | Current Y | | |
| | 8 | Contributions | and grants (Part VIII, line 1h) | | 329, | | | ,551. | |
| Ę | 9 | Program serv | rice revenue (Part VIII, line 2g) | | 76,0 | | | ,420. | |
| Revenue | 10 | Investment in | ncome (Part VIII, column (A), lines 3, 4, and 7d) | | | 251. | | ,883. | |
| ď | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | - | | | - | |
| | 12 | Total revenue | e – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 406,3 | 391. | 431 | ,854. | |
| | 13 | Grants and s | imilar amounts paid (Part IX, column (A), lines 1-3) | | | | | | |
| | 14 | Benefits paid | to or for members (Part IX, column (A), line 4) | | | | | | |
| 'n | 15 | Salaries, other | er compensation, employee benefits (Part IX, column (A), lines 5-10) | | 276,2 | 281. | 290,765 | ,765. | |
|)Se | 16a | Professional | fundraising fees (Part IX, column (A), line 11e) | | | | | | |
| Expenses | b | Total fundrais | sing expenses (Part IX, column (D), line 25) ► 54,783. | | | | | | |
| ŭ | 17 | | ses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 129,1 | 64 | 133,865. | | |
| | 18 | | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 405,4 | | | ,630. | |
| | 19 | | s expenses. Subtract line 18 from line 12 | | | 946. | | ,224. | |
| - 6 6 6 | _ | | | Beginning | | | End of Y | | |
| an a | 20 | Total assets | (Part X, line 16) | Degilling | 146,1 | | | ,659. | |
| Ass Bal | 21 | Total liabilitie | s (Part X, line 26) | | 20,5 | | | ,834. | |
| Net. | 22 | Net assets or | fund balances. Subtract line 21 from line 20 | | 125,6 | 501 | | ,825. | |
| | rt II | Signatur | | | 120) | , o ± . | 102 | 7020. | |
| | | | | ne best of my | knowledge | and belie | f. it is true, correc | t. and | |
| com | plete. D | eclaration of prepa | eclare that I have examined this return, including accompanying schedules and statements, and to the control of | | | | ., | , | |
| | | l la | -M Q | | 7/20 | /20 | | | |
| Sic | ηn | Signatu | re of officer O() | Date | 9 | | | | |
| Sig He | re | | Kathleen McGoey, Executive Director | | | | | | |
| | | | print name and title | | | | | | |
| | | Print/Type p | oreparer's name Preparer's signature Date | | Check | if F | PTIN | | |
| Pa | id | Lyman | Hamblin Hamblin 7/7/202 | 20 | self-employ | ed | 201701322 | <u>. </u> | |
| Pre | epar | er Firm's name | | | | • | | | |
| Us | e Or | ily Firm's addre | | F | Firm's EIN | 46 - | 1778573 | | |
| | | | GOLDEN, CO 80401 | | Phone no. | | 694-2727 | | |
| Ma | v the | IRS discuss th | is return with the preparer shown above? (see instructions) | | | | X Yes | No | |

Form **990** (2019)

| Part | Ш | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | | |
|------|----------|--|-------------------------|------------------|
| 1 | Driofly | ly describe the organization's mission: | | |
| | - | | TOP M | ^ |
| | | LONGMONT COMMUNITY JUSTICE PARNTERSHIP (LCJP) PROVIDES RESTORATIVE JUST | | |
| | | IDENTS IN AND AROUND LONGMONT, COLORADO. PROGRAM VALUES INCLUDE RESPECT, | | |
| | RESI | PONSIBILITY, RELATIONSHIP, REPAIR, AND REINTEGRATION. | | |
| _ | D: -1 11 | | | |
| | | ne organization undertake any significant program services during the year which were not listed on the prior | | J |
| | | 990 or 990-EZ? | Yes | (No |
| | | es," describe these new services on Schedule O. | | - |
| | | he organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X | (No |
| | | es," describe these changes on Schedule O. | | |
| | Sectio | ribe the organization's program service accomplishments for each of its three largest program services, as measure on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported. | ed by exp total expe | enses. enses, |
| | | | | |
| 4 a | (Code | e:) (Expenses \$ 326,798. including grants of \$) (Revenue \$ | 49 | 420.) |
| | • | COMMUNITY RESTORATIVE JUSTICE PROGRAM WORKS IN CONJUNCTION WITH THE LON | | 120. |
| | | ICE DEPARTMENT AND OTHER CRIMINAL JUSTICE AGENCIES TO WORK WITH VICTIMS | | |
| | | ENDERS TO SUCCESSFULLY REPAIR THE HARM OF CRIME AND CONFLICT. RE-OFFENSE | | S FOR |
| | | ENDERS WHO SUCCESSFULLY COMPLETE RESTORATIVE JUSTICE PROCESSES AVERAGE OF | | |
| | | R 1,000 PEOPLE BENEFIT FROM THIS PROGRAM EACH YEAR. | | <u> </u> |
| | OVEI | IN 1,000 PEOPLE DENETII FROM 1815 PROGRAM EACH IEAR. | | |
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| | | | | |
| 4 b | (Code | e:) (Expenses \$ including grants of \$) (Revenue \$ | |) |
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| 1.0 | (Code | e:) (Expenses \$ including grants of \$) (Revenue \$ | |) |
| 70 | (Oouc | including grants of φ / (Nevertice φ | | |
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| 4 d | Other | r program services (Describe on Schedule O.) | | |
| | (Ехре | enses \$ including grants of \$) (Revenue \$ |) | |
| | | program service expenses > 326 708 | | |

Form 990 (2019) TEACHING PEACE INC. Part IV Checklist of Required Schedules

| 1 | | | Yes | No |
|------|--|------|-----|----|
| | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Χ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I. | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> | 8 | | Х |
| | 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? <i>If 'Yes,' complete Schedule D, Part IV</i> | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V. | 10 | | Х |
| | 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. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. | 11 a | | Х |
| b | Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. | 11 b | | Х |
| С | Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. | 11 c | | Х |
| 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 | 11 d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | Χ | |
| 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 | 11 f | Х | |
| 12 a | 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 | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Χ |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F. Parts I and IV. | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i> | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | | Х |
| | 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 |

| | | | 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? <i>If 'Yes,' complete Schedule J</i> . | 23 | | Х |
| 24 | a 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 | | Х |
| | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | c 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 | | |
| | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | ta Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part l</i> | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i> | 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 Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| | a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| | b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| | c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV. | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | | 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 | | X |
| | 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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> | 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 | | Х |
| 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 | | Х |
| | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance | • | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| 1 | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | Yes | INO |
| • | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | X | |

Form 990 (2019) TEACHING PEACE INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No |
|-----|--|------------|-----|-----|
| 2 a | a 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 | | | |
| b | a If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3 a | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | Х |
| k | a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i> | 3 b | | |
| 4 a | 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)? | 4 a | | Х |
| k | of 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). | | | .,, |
| | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | Х |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| | a 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? | 6 a | | Х |
| | o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | a 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? | 7 a | | X |
| k | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | | | 37 |
| | Form 8282? | 7с | | Х |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | X |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e 7 f | | Х |
| | g If the organization, during the year, pay premiums, directly of mairectly, on a personal benefit contract? | /1 | | Λ |
| | as required? | 7 g | | |
| r | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 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? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| | Section 501(c)(7) organizations. Enter: | 30 | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | a Gross income from members or shareholders | | | |
| t | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a | a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | 1.0 | | v |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | 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 | | Х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| 10 | If 'Yes,' complete Form 4720, Schedule O. | 10 | | 71 |

Kathleen McGoev 528 Main St.

84-1291133 Page 6 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. Section A. Governing Body and Management No Yes 1 a 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..... 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? Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a X X **b** Each committee with authority to act on behalf of the governing body?..... 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 Q..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0....... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a 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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 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) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website X Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Longmont CO 80501 303-776-1527

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| c | heck this box if neither the organization nor any relate | ed organiz | ation | con | nper | ısate | ed any | / cu | rrent officer, direct | or, or trustee. | |
|-------|--|---|--------------------------------|-----------------------|---------|------------------|---------------------------------|--------|--|--|---|
| | | | (C) | | | | | | | | |
| | (A) Name and title | (B) Average hours per | director/ti | | | unles officer | s personal and a ee) | on | (D) Reportable compensation from the organization | (E) Reportable compensation from | (F) Estimated amount of other |
| | | week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) | KATHLEEN MCGOEY | 40 | | | | | | | | | |
| | Executive Dir. | 0 | | | Χ | | | | 100,016. | 0. | 0. |
| _(2)_ | JAMES BROWN | 3 | | | | | | | | | |
| | MEMBER | 0 | Х | | | | | | 0. | 0. | 0. |
| (3) | JOHN_ROSTYKUS | 3 | | | | | | | | | |
| | MEMBER | 0 | Χ | | | | | | 0. | 0. | 0. |
| _(4)_ | John_Caldwell | 3 | | | | | | | | | |
| | Secretary | 0 | Х | | | | | | 0. | 0. | 0. |
| (5) | JUSTIN CHAPPELL | 3 | | | | | | | | | |
| | MEMBER | 0 | Χ | | | | | | 0. | 0. | 0. |
| (6) | TIM JOHNSON | 3 | | | | | | | | | |
| | President | 0 | Х | | | | | | 0. | 0. | 0. |
| (7) | KELSEY RASMUSSEN | 3 | | | | | | | | | |
| | Vice President | 0 | Х | | | | | | 0. | 0. | 0. |
| (8) | AMY_SEGER | 33 | | | | | | | | | |
| | Treasurer | 0 | Х | | | | | | 0. | 0. | 0. |
| (9) | | | - | | | | | | | | |
| (10) | | | | | | | | | | | |
| (11) | | | - | | | | | | | | |
| (12) | | | - | | | | | | | | |
| (13) | | | | | | | | | | | |
| (14) | | | | | | | | | | | |

| Part v | II Section A. Officers, Directors, 1rt | | ney | ⊏II | • | | es, | and | a nignest Corr | ipensated Empi | oyees | (conti | nuea) |
|--------------|---|------------------------|-----------------------------------|-----------------------|---------------|-----------------------|---------------------------------|--------------------|---------------------------------------|--|---------|------------------------|-------|
| | | (B) | | | (C | • | | | | | | | |
| | (A) | Average hours | (do | not o | check | more | than | one h an | (D) | (E) | | (F) | |
| | Name and title | per week | offic | cer a | nd a | direct | or/trus | tee) | Reportable compensation from | Reportable compensation from | Estim | ated amo | ount |
| | | (list any hours | or d | isul | Officer | Key | High | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | the o | nsation rganizat | ion |
| | | for related | Individual or director | utio | cer | emp | nest o | ner | | | an | d related anization | t |
| | | organiza - tions | E E | nal t | | Key employee | comp | | | | | | |
| | | below dotted | Individual trustee or director | institutional trustee | | ŏ | Highest compensated employee | | | | | | |
| | | line) | | 쓩 | | | ated | | | | | | |
| (15) | | | | | | | | | | | | | |
| <u> </u> | | | 1 | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| _ | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | |
| (20) | | | • | | | | | | | | | | |
| (21) | | | | | | | | | | | | | |
| <u> </u> | | | 1 | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (2E) | | | | | | | | | | | | | |
| (25) | | | 1 | | | | | | | | | | |
| 1 b Su | btotal | <u> </u> | | | | | | > | 100,016. | 0. | | | 0. |
| | tal from continuation sheets to Part VII, Section | | | | | | | | 0. | 0. | | | 0. |
| d To | tal (add lines 1b and 1c) | | | | | | | | 100,016. | 0. | | | 0. |
| | al number of individuals (including but not limited | to those I | isted | abo | ve) v | who | recei | ved | more than \$100,00 | 0 of reportable comp | ensatio | n | |
| fro | m the organization ► 1 | | | | | | | | | | | | |
| | | | | | | | | | | | | Yes | No |
| 3 Did | I the organization list any former officer, direc line 1a? If 'Yes,' complete Schedule J for suc | tor, truste | e, ke | ey e | mpl | oyee | e, or | high | nest compensated | employee | 3 | | Х |
| | • | | | | | | | | | | . 3 | | Λ |
| 4 For | r any individual listed on line 1a, is the sum of organization and related organizations greate | reportab r than \$1 | le co 50.00 | mpe 00? | ensa If '} | ition ∕ <i>es.</i> | and <i>com</i> | oth <i>eומר</i> | er compensation to the Schedule J for | from | | | |
| | ch individual | | | | | | | | | | . 4 | | X |
| 5 Dio | l any person listed on line 1a receive or accru | e comper | satio | n fr | om | any | unre | late | ed organization or | individual | 5 | | 37 |
| | services rendered to the organization? If 'Yes n B. Independent Contractors | s, comple | 16 30 | riec | luie | J 10 | r Suc | πρ | erson | | . 3 | | X |
| | mplete this table for your five highest compen neensation from the organization. Report compen | sated ind | epen | den | t cor | ntra | ctors | tha | t received more th | nan \$100,000 of | | | |
| cor | | | the c | alen | dar <u>i</u> | year | endi | ng v | 1 | | | | |
| | (A) Name and business addi | ress | | | | | | | (B) Description (| of services | Compe | C) ensatio | n |
| - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| • | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Tot | al number of independent contractors (including b | out not lim | ited to | o the | se I | isted | d abo | ve) | who received more | than | | | |
| \$10 | 00,000 of compensation from the organization | ► 0 | | | | | | | | | | | |

| | | Check if Schedule O contains a response or note to any | line in this Part V | III | | |
|---|-----------------------|---|-----------------------------|--|---|--|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b c d e f | Federated campaigns | | | | |
| <u>ਲ ਨ</u> | h | Total. Add lines 1a-1f | 371,551. | | | |
| Jue . | _ | Business Code | | | | |
| Program Service Revenue | 2a b c | Client fees and dues 812900 | 49,420. | 49,420. | | |
| Serv | d | | | | | |
| aj. | e | All | | | | |
| <u>g</u> | | All other program service revenue | 40.400 | | | |
| ۵. | _ | | 49,420. | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) | 10,883. | 10,883. | | |
| | 5 | Royalties | | | | |
| | _ | (i) Real (ii) Personal | | | | |
| | | Gross rents 6a | | | | |
| | | Less: rental expenses 6b | | | | |
| | | Rental income or (loss) 6c | | | | |
| | d | Net rental income or (loss) | | | | |
| | 7 a | Gross amount from (i) Securities (ii) Other | | | | |
| | | sales of assets other than inventory | | | | |
| | b | Less: cost or other basis | | | | |
| | _ | and sales expenses 7b Gain or (loss) 7c | | | | |
| | | Gain or (loss) | | | | |
| | | | | | | |
| Other Revenue | 8 a | Gross income from fundraising events (not including \$ of contributions reported on line 1c). | | | | |
| ď. | | See Part IV, line 18 | | | | |
| 亨 | | Less: direct expenses 8b | | | | |
| ರ | С | Net income or (loss) from fundraising events ▶ | | | | |
| | | Gross income from gaming activities. See Part IV, line 19 | | | | |
| | | Less: direct expenses 9b | | | | |
| | | Net income or (loss) from gaming activities | | | | |
| | | Gross sales of inventory, less returns and allowances Less: cost of goods sold 10b | | | | |
| | | Less: cost of goods sold Net income or (loss) from sales of inventory | | | | |
| ' A | · | Business Code | | | | |
| Miscellaneous Revenue | 11 a | | | | | |
| 夏 | b | | | | | |
| <u>≅</u> ≅ | c | | | | | |
| SC. Re | 11a b c d | All other revenue | | | | |
| Ξ | | Total. Add lines 11a-11d | | | | |
| | | Total revenue. See instructions. | 431.854. | 60.303. | 0 | 0 |

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).

| Do i | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|------|---|--------------------|------------------------------|-------------------------------------|--------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | 3 1 | · |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 100,016. | 58,362. | 15,108. | 26,546. |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 154,067. | 143,899. | 1,193. | 8,975. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | ===, ==. | 210,000 | =,=50. | 3,5.5. |
| 9 | Other employee benefits | 16,257. | 5,052. | 10,409. | 796. |
| 10 | Payroll taxes | 20,425. | 16,176. | 1,437. | 2,812. |
| 11 | Fees for services (nonemployees): | | | | |
| á | a Management | | | | |
| ŀ |) Legal | 690. | | 690. | |
| (| Accounting | 10,014. | 7,010. | 2,503. | 501. |
| (| d Lobbying | | | | |
| • | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) | 27,850. | 17,666. | | 10,184. |
| 12 | Advertising and promotion. | 2,395. | 2,161. | 195. | 39. |
| 13 | Office expenses | 18,468. | 12,594. | 4,333. | 1,541. |
| 14 | Information technology | 1,009. | 601. | 370. | 38. |
| 15 | Royalties. | _/ = / = = - | 9,7=1 | 3.53 | |
| 16 | Occupancy | 38,468. | 32,382. | 5,072. | 1,014. |
| 17 | Travel | 1,876. | 1,643. | 127. | 106. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | , | , | | |
| 19 | Conferences, conventions, and meetings | 2,951. | 2,931. | 20. | |
| 20 | Interest | | _/**-* | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 2,807. | 1,965. | 702. | 140. |
| 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 O.) | | | | |
| á | Training | 18,720. | 18,720. | | |
| _ | program events | 1,883. | 1,876. | | 7. |
| | Printing and Publications | 1,560. | 819. | 163. | 578. |
| | Postage and Shipping | 1,488. | 1,117. | 42. | 329. |
| • | All other expenses | 3,686. | 1,824. | 685. | 1,177. |
| 25 | Total functional expenses. Add lines 1 through 24e | 424,630. | 326,798. | 43,049. | 54,783. |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720). | | | | |

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|----------------------------|------|---|--------------------------|------|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash – non-interest-bearing. | | 1 | |
| | 2 | Savings and temporary cash investments | 88,340. | 2 | 75,220. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 4,273. | 4 | 2,194. |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| ts | 8 | Inventories for sale or use | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | 2,583. | 9 | 2,607. |
| Ä | 10 a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | b | Less: accumulated depreciation | | 10 c | |
| | 11 | Investments – publicly traded securities. | | 11 | |
| | 12 | Investments – other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments – program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets. | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 50,924. | 15 | 60,638. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 146,120. | 16 | 140,659. |
| | 17 | Accounts payable and accrued expenses | 3,520. | 17 | 4,898. |
| | 18 | Grants payable | , | 18 | • |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| ies | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. | 16,999. | 25 | 2,936. |
| | 26 | Total liabilities. Add lines 17 through 25 | 20,519. | 26 | 7,834. |
| nces | | Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33. | | | |
| alaı | 27 | Net assets without donor restrictions | 125,601. | 27 | 132,825. |
| B | 28 | Net assets with donor restrictions | | 28 | |
| Net Assets or Fund Balance | | Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| SSI | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| it A | 32 | Total net assets or fund balances | 125,601. | 32 | 132,825. |
| ž | 33 | Total liabilities and net assets/fund balances. | 146,120. | 33 | 140,659. |

| TEACHING TEACH INC. | 04 | 1271133 | | 1 0 | ige iz |
|---|--------|---------|------|------|--------|
| Part XI Reconciliation of Net Assets | | | | | |
| Check if Schedule O contains a response or note to any line in this Part XI. | | | | | |
| 1 Total revenue (must equal Part VIII, column (A), line 12) | | | 43 | 31,8 | 354. |
| 2 Total expenses (must equal Part IX, column (A), line 25) | | 2 | 42 | 24,6 | 630. |
| 3 Revenue less expenses. Subtract line 2 from line 1 | | 3 | | 7,2 | 224. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | 4 | 12 | 25,6 | 501. |
| 5 Net unrealized gains (losses) on investments | | 5 | | | |
| 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 | | | 0. |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| column (B)) | | 10 | 1. | 32,8 | 325. |
| Part 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 in Schedule O. | | | | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2 a | X | |
| | | | Zu | 71 | |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or r separate basis, consolidated basis, or both: | eviewe | ed on a | | | |
| X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b Were the organization's financial statements audited by an independent accountant? | | | 2 b | | Х |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a | senara | ite | | | |
| basis, consolidated basis, or both: | oopare | | | | |
| Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | |
| review, or compilation of its financial statements and selection of an independent accountant? | | | 2 c | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | | | |
| 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133? | ngle | | 3 a | | Х |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required | ed aud | it | | | |
| or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3 b | | |
| BAA TEEA0112L 01/21/20 | | | Form | 990 | (2019) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

| iame o | ı me | TEACHING PI | | | | | Employer Identifica | | | | |
|--------|---|---|--|--|-----------------------|--|---|---|--|--|--|
| | | | | TICE PARTNERSHI | | | 84-129113 | | | | |
| Part - | | Reason for Public Cha | | • | | | . , | tions. | | | |
| | rga | nization is not a private found | | | | - | • | | | | |
| 1 | Н | A church, convention of church | | | | | 1). | | | | |
| 2 | | A school described in section 1 | | • | | | | | | | |
| 3 | | A hospital or a cooperative h | | | | | | | | | |
| 4 | | A medical research organiza | tion operated in conju | unction with a hospital of | describe | d in sec | tion 170(b)(1)(A)(iii). E | nter the hospital's | | | |
| | | name, city, and state: | | | | | | | | | |
| 5 | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | |
| 6 | | A federal, state, or local gove | ernment or governme | ental unit described in s | ection 1 | 70(b)(1) | (A)(v). | | | | |
| 7 | X | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | |
| 8 | | A community trust described | in section 170(b)(1)(| A)(vi). (Complete Part I | II.) | | | | | | |
| 9 | | An agricultural research organi | zation described in sec | tion 170(b)(1)(A)(ix) oper | ated in c | onjunctio | on with a land-grant colle | ge | | | |
| | ш | or university or a non-land-gran | nt college of agriculture | (see instructions). Enter | r the nan | ne, city, | and state of the college of | or | | | |
| | | university: | | | | | | | | | |
| 10 | | An organization that normally r from activities related to its e investment income and unre June 30, 1975. See section ! | exempt functions—sub lated business taxable | oject to certain exception in the community of the commun | ons, and | (2) no i | more than 33-1/3% of i | ts support from gross | | | |
| 11 | | An organization organized ar | nd operated exclusive | ely to test for public safe | ety. See | section | 1 509(a)(4). | | | | |
| 12 | | An organization organized ar | nd operated exclusive | ely for the benefit of, to | perform | the fun | ctions of, or to carry or | ut the purposes of one | | | |
| | | or more publicly supported o lines 12a through 12d that de | rganizations describe | d in section 509(a)(1) d | or sectio | n 509(a |)(2). See section 509(a | (3). Check the box in | | | |
| а | П | Type I. A supporting organization | | | | | | the supported | | | |
| • | Ш | organization(s) the power to re complete Part IV, Sections A | gularly appoint or elect | a majority of the directo | rs or trus | stees of t | the supporting organization | on. You must | | | |
| b | | Type II. A supporting organiz management of the supporting must complete Part IV, Secti | organization vested in | ontrolled in connection the same persons that c | with its ontrol or | support manage | ed organization(s), by the supported organizat | having control or ion(s). You | | | |
| С | | Type III functionally integrated organization(s) (see instruction | | ion operated in connectio | n with, a | nd function | onally integrated with, its | supported | | | |
| d | П | Type III non-functionally integr | | | | | | | | | |
| | | functionally integrated. The cinstructions). You must com | organization generally | must satisfy a distribu | ition req | uiremen | t and an attentiveness | requirement (see | | | |
| е | | Check this box if the organiz integrated, or Type III non-fu | inctionally integrated : | supporting organizatior | ٦. | | | e III functionally | | | |
| | | ter the number of supported of | | | | | | | | | |
| | | ovide the following information | n about the supported | d organization(s). | | | | | | | |
| (i |) Na | me of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | organizat | s the tion listed poverning ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | |
| | | | | | Yes | No | | | | | |
| | | | | | | | | | | | |
| A) | | | | | | | | | | | |
| B) | | | | | | | | | | | |
| | | | | | | | | | | | |
| C) | | | | | | | | | | | |
| D) | | | | | | | | | | | |
| -, | | | | | | | | | | | |
| E) | | | | | | | | | | | |
| | | | | | | | | | | | |

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

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

| Sec | tion A. Public Support | | | | | | | | | | |
|--------------|--|----------------------|--------------------|------------------------|---------------------|--------------------|------------------|--|--|--|--|
| begi | ndar year (or fiscal year nning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 336,184. | 317,146. | 340,425. | 329,135. | 371,551. | 1,694,441. | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. | | | | |
| | Total. Add lines 1 through 3 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) | 336,184. | 317,146. | 340,425. | 329,135. | 371,551. | 1,694,441. | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 1,694,441. | | | | |
| Sec | tion B. Total Support | | | | | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | | | |
| 7 | Amounts from line 4 | 336,184. | 317,146. | 340,425. | 329,135. | 371,551. | 1,694,441. | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 47. | 217. | 612. | 1,251. | 10,724. | 12,851. | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | 7557 | | | 0. | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | 0. | | | | |
| | Total support. Add lines 7 through 10 | | | | | | 1,707,292. | | | | |
| 12 | Gross receipts from related activ | ities, etc. (see ins | structions) | | | 12 | 0. | | | | |
| | First five years. If the Form 990 is organization, check this box and | stop here | | rd, fourth, or fifth t | ax year as a sectio | n 501(c)(3) | ▶ □ | | | | |
| Sec | tion C. Computation of Pul | olic Support P | ercentage | | | | | | | | |
| | Public support percentage for 20 | | | | | | 99.25% | | | | |
| | Public support percentage from 2 33-1/3% support test—2019. If the | ne organization di | d not check the bo | ox on line 13. and | d line 14 is 33-1/3 | S% or more, check | 99.69 % this box | | | | |
| b | and stop here. The organization 33-1/3% support test—2018. If th and stop here. The organization | e organization did | I not check a box | on line 13 or 16a | , and line 15 is 33 | 3-1/3% or more, c | heck this box | | | | |
| 17a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts | meets the 'facts-a | ind-circumstances | s' test, check this | box and stop her | e. Explain in Part | VI how | | | | |
| | b 10%-facts-and-circumstances test—2018. 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 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 | | | | | | | | | | |

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.)

| Sec | tion A. Public Support | | prodes semprete . | <u> </u> | | | |
|--------|---|-------------------------|---------------------------------------|-------------------|----------------------|--------------------|------------------|
| Calend | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.) | ., | ., | • | | , | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business 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 | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | tion B. Total Support | | 1 | | T | | |
| | dar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | 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 | | | | | | |
| | Add lines 10a and 10b. Net income from unrelated business activities not included in 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.). | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First five years. If the Form 990 organization, check this box and | stop here | · · · · · · · · · · · · · · · · · · · | | | | |
| | tion C. Computation of Pul | | | | | | |
| | Public support percentage for 20 | • | | | • | | % |
| | Public support percentage from 2 | | | | | 16 | % |
| Sec | tion D. Computation of Inv | estment Incor | ne Percentage | <u> </u> | | | |
| 17 | Investment income percentage for | • | • • • | - | | | % |
| 18 | Investment income percentage fi | | | | | <u> </u> | olo |
| | 33-1/3% support tests—2019. If t is not more than 33-1/3%, check | this box and sto | p here. The organ | ization qualifies | as a publicly supp | orted organization | ▶ ∐ |
| | 33-1/3% support tests—2018. If t line 18 is not more than 33-1/3% Private foundation. If the organization | , check this box | and stop here. The | e organization qu | ialifies as a public | ly supported organ | ization ► |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | | Yes | No |
|------------|---|------------|-----|----|
| 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. | 1 | | |
| 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 | | | |
| 3a | described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) | 2 | | |
| | and (c) below. | 3a | | |
| 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. | 3b | | |
| 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. | 3с | | |
| 4 a | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4 a | | |
| t | 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. | 4b | | |
| c | bid 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. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| t | 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? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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? <i>If 'Yes,' provide detail in Part VI.</i> | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' | | | |
| 0- | complete Part I of Schedule L (Form 990 or 990-EZ). Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons | 8 | | |
| 30 | 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 . | 9a | | |
| t | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI . | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI . | 9с | | |
| 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)? If 'Yes,' answer 10b below. | 10a | | |
| 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.) | 10b | | |

| Pa | rt IV | Supporting Organizations (continued) | | | |
|-----|--|---|--------|---------|----|
| 11 | ∐ac : | the organization accepted a gift or contribution from any of the following persons? | | Yes | No |
| | | rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the | | | |
| | | erning body of a supported organization? | 11a | | |
| | b A far | mily member of a person described in (a) above? | 11b | | |
| | c A 35 | % controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | ction | B. Type I Supporting Organizations | | | |
| | D: 1 11 | | | Yes | No |
| 1 | or ele Part If the direc | he directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in 'VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. e organization had more than one supported organization, describe how the powers to appoint and/or remove ctors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, lied to such powers during the tax year. | 1 | | |
| 2 | Did t that | the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization. | 2 | | |
| Sec | ction | C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | of ea | e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sec | ction | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | orgai year, | the organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | orgai | e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported inization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | voice all tir | eason of the relationship described in (2), did the organization's supported organizations have a significant e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played his regard. | 3 | | |
| Sec | ction | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Chec | ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| | ᆷ | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| | ᆷ | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in | nstruc | tions). | |
| | • Ш | g | | | |
| 2 | Activ | vities Test. Answer (a) and (b) below. | | Yes | No |
| i | suppo orga respo | substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported anizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities. | 2a | | |
| | the c | the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the inization's involvement. | 2b | | |
| 3 | Pare | ent of Supported Organizations. <i>Answer (a) and (b) below.</i> | | | |
| i | a Did t each | the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| | b Did th supp | he organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | 3b | | |

| Sche | edule A (Form 990 or 990-EZ) 2019 TEACHING PEACE INC. | | 84-12 | 291133 | Page |
|------|--|---------------------|--|--------------------------------------|------|
| Pai | | anizati | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organization | st on No ons mus | v. 20, 1970 (explain ir t complete Sections A | n Part VI). See through E. | е |
| Sec | tion A – Adjusted Net Income | | (A) Prior Year | (B) Curre (optio | |
| 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 | | | |
| Sec | tion B – Minimum Asset Amount | | (A) Prior Year | (B) Curre (optio | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | | |
| a | Average monthly value of securities | 1a | | | |
| ŀ | Average monthly cash balances | 1b | | | |
| (| Fair market value of other non-exempt-use assets | 1c | | | |
| (| Total (add lines 1a, 1b, and 1c) | 1d | | | |
| • | 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 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 6 | Multiply line 5 by .035. | 6 | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Sec | tion C — Distributable Amount | | | Current | Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | |
| 2 | Enter 85% of line 1. | 2 | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

4 5

6

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4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2019

| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | |
|-----|--|--------------|
| Sec | tion D — Distributions | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in Part VI). See instructions. | |
| 7 | Total annual distributions. Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 | Distributable amount for 2019 from Section C, line 6 | |
| 10 | Line 8 amount divided by line 9 amount | |

| Section E — Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|--------------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 | | | |
| b Excess from 2016 | | | |
| c Excess from 2017 | | | |
| d Excess from 2018 | | | |
| e Excess from 2019 | | | |
| DAA | | Schodulo A (Fo | rm 990 or 990 E7) 2019 |

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Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization TEACHING PEACE INC.

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. 2010

Employer identification number

2019

OMB No. 1545-0047

| | DBA LGN | ANT COMMUNITY | / JUSTICE PAR | RTNERSHIP | | 84-1291133 |
|-----------|--|---|---|---|--|---|
| Organiz | ation type (check one) |): | | | | |
| Filers of | f: | Section: | | | | |
| Form 99 | 0 or 990-EZ | X 501(c)(3 |) (enter numb | er) organization | | |
| | | 4947(a)(1) no | onexempt charitable | e trust not treated as | a private foundati | on |
| Form 99 | 0-PF | 527 political | organization | | | |
| | | 501(c)(3) exe | empt private founda | tion | | |
| | | 4947(a)(1) no | onexempt charitable | e trust treated as a p | rivate foundation | |
| | | 501(c)(3) tax | able private founda | tion | | |
| | your organization is cove | • | • | | neral Rule and a S | pecial Rule. See instructions. |
| General | Rule | | | | | |
| X | | | | | | ng \$5,000 or more (in money tor's total contributions. |
| Special | Rules | | | | | |
| | under sections 509(a) | (1) and 170(b)(1)(A)(ne contributor, durir | (vi), that checked Sch ng the year, total co | nedule A (Form 990 or ontributions of the gre | 990-EZ), Part II, lineater of (1) \$5,000 | e 13, 16a, or 16b, and that ; or (2) 2% of the amount on (i) |
| | | I contributions of m | ore than \$1,000 ex | clusively for religious | , charitable, scient | eived from any one contributor, ific, literary, or educational |
| | during the year, conf \$1,000. If this box is | tributions <i>exclusivel</i> checked, enter her oose. Don't complet | ly for religious, char re the total contribu e any of the parts ເ | itable, etc., purposes tions that were receivenless the General R i | s, but no such conved during the yea ule applies to this | eived from any one contributor, tributions totaled more than r for an exclusively religious, organization because he year . **Sample of the pear in |
| | 3 | , | | | | ule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF, |

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization

TEACHING PEACE INC.

1 Employer identification number

84-1291133

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional s | pace is needed. | |
|------------|--|-------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | CITY OF LONGMONT | | Person X |
| | 350 KIMBARK STREET | \$ 200,000. | Payroll Noncash |
| | LONGMONT, CO 80501 | | (Complete Part II for |
| | | | noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | CHIMERA STRTEGIES INC. | | Person X |
| | 5360 MANHATTAN CIR. STE. 200 | \$ 14,000. | Payroll Noncash |
| | BOULDER, CO 80303 | | (Complete Part II for |
| (2) | (b) | (6) | noncash contributions.) |
| (a) No. | Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | VANESSA LICHON | | Person X |
| | 1220 KIMBALL CT. | \$ 7,500. | Payroll Noncash |
| | NAPERVILLE, IL 60540 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total | (d) Type of contribution |
| | Hame, address, and En 1-4 | contributions | |
| <u>4</u> | AEC TRUST | - | Person X Payroll |
| | 3290 NORTHSIDE PARKWAY, 7TH FL | \$10,000. | Noncash |
| | ATLANTA, GA 30327 | - | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | NEW EARLY CHRISTIAN CHURCH CHARITIE | | Person X |
| | PO_BOX_631548 | \$ 5,000. | Payroll Noncash |
| | HIGHLANDS RANCH, CO 80163 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | BOULDER COUNTY | | Person X |
| | 1750 33rd street | \$10,000. | Payroll Noncash |
| | BOULDER, CO 80301 | | (Complete Part II for noncash contributions.) |

| Name of organization | | | | | |
|----------------------|-------|------|--|--|--|
| TEACHING | PEACE | INC. | | | |

2 Employer identification number

84-1291133

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional sp | pace is needed. |
|--------|--|-----------------|
| | | |
| (2) | (b) | (c) |

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
|------------|--|-------------------------------|---|--|
| 7 | ANONYMOUS | \$ <u>5,074.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 8 | THE SUSAN & JIM DAVIS FOUNDATION PO BOX 29 Sarasota, FL 34236 | \$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 9 | EBERSPACHER FAMILY FUND 1123 SPRUCE ST BOULDER, CO 80302 | \$ <u>5,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 10_ | SOCIAL VENTURE PARTNERS 3701 ARAPAHOE AVE #C117 BOULDER, CO 80303 | \$11,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 11_ | VIRGINIA W. HILL FOUNDATION | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 12_ | COLO RESTORATIVE JUSTICE COUNCIL 1300 BROADWAY STE 1200 DENVER, CO 80203 | \$ <u>8,465.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | |

1

Employer identification number

Name of organization
TEACHING PEACE INC.

BAA

84-1291133

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional sp | pace is needed. | |
|---------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | N/A | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | S | |
| | | [~] | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | <u>^</u> | |
| | <u> </u> | \$ | |

Name of organization
TEACHING PEACE INC

Employer identification number 84-1291133

| | SACHING FEACE INC. | | | | | | | | |
|--|--|--------------------|-------------------------------------|--|--|--|--|--|--|
| Part III | | | | | | | | | |
| or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and | | | | | | | | | |
| | the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., | | | | | | | | |
| contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ | | | | | | | | | |
| | Use duplicate copies of Part III if additional | space is needed. | | | | | | | |
| (a) | (b) | (c) Use of gift | (d) Description of how gift is held | | | | | | |
| No from | l Purnose of aift | lise of aitt | Description of how diff is held | | | | | | |

| | Use duplicate copies of Part III if additional | space is needed. | |
|---------------------------|--|---|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | N/A | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Relationship of transferor to transferee |
| . (a) | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| (a) No. from Part I | Purpose of gift | Use of gift | Description of how gift is held |
| | | | |
| | Transferee's name, addres | Relationship of transferor to transferee | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| No. from Part I | Purpose of gift | Use of gift | Description of how gift is held |
| | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, addres | (e) Transfer of gift s, and ZIP + 4 | Relationship of transferor to transferee |
| | | | |

SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Inspection Name of the organization TEACHING PEACE INC. DBA LGMNT COMMUNITY JUSTICE PARTNERSHIP 84-1291133 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2 a **b** Total acreage restricted by conservation easements. 2 b c Number of conservation easements on a certified historic structure included in (a)..... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not 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 furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, 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 furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following

amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1.....

b Assets included in Form 990, Part X.....

| Part III Organizations Maintai | ining Colle | ctions of Ai | τ, Historic | ai ireasures, or | Otner Similar Ass | ets (continu | iea) | |
|--|----------------|------------------------------|----------------|---------------------------------|------------------------------|----------------|----------|--|
| 3 Using the organization's acquisition items (check all that apply): | , accession, a | nd other records | <u> </u> | ŭ | ke significant use of its | collection | | |
| a Public exhibition | | d | Loan or e | xchange program | | | | |
| b Scholarly research | | е | Other | | | | | |
| c Preservation for future generation | ations | | | | | | | |
| 4 Provide a description of the organiz Part XIII. | | | | | | | | |
| 5 During the year, did the organiza to be sold to raise funds rather the | nan to be mai | ntained as par | t of the orgar | nization's collection? | | Yes | No | |
| Part IV Escrow and Custodial line 9, or reported an a | amount on | Form 990, I | Part X, line | organization ans e 21. | wered 'Yes' on Fo | rm 990, Pai | rt IV, | |
| 1 a Is the organization an agent, trus on Form 990, Part X? | stee, custodia | n or other inte | rmediary for | contributions or other | r assets not included | Yes | No | |
| b If 'Yes,' explain the arrangement | in Part XIII a | nd complete th | ne following t | able: | <u>'</u> | | | |
| | | | | | | Amount | | |
| c Beginning balance | | | | | 1c | | | |
| d Additions during the year | | | | | 1 d | | | |
| e Distributions during the year | | | | | 1e | | | |
| f Ending balance | | | | | 1f | | | |
| 2a Did the organization include an a | mount on Fo | m 990, Part X | , line 21, for | escrow or custodial a | account liability? | Yes | No | |
| b If 'Yes,' explain the arrangement | in Part XIII. | Check here if t | he explanatio | on has been provided | on Part XIII | | | |
| Part V Endowment Funds. C | omplete if | the organiza | ation answ | ered 'Yes' on For | m 990, Part IV, lir | ne 10. | | |
| | (a) Current | |) Prior year | (c) Two years back | (d) Three years back | (e) Four year | rs back | |
| 1 a Beginning of year balance | | | | | | | | |
| b Contributions | | | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | | | |
| d Grants or scholarships | | | | | | | | |
| e Other expenditures for facilities and programs | | | | | | | | |
| f Administrative expenses | | | | | | | | |
| g End of year balance | | | | | | | | |
| 2 Provide the estimated percentage | | - | | g, column (a)) held a | s: | | | |
| a Board designated or quasi-endowment | | | 5 | | | | | |
| b Permanent endowment ► | % | | | | | | | |
| c Term endowment ► | % | | | | | | | |
| The percentages on lines 2a, 2b, ar | | | | | | | | |
| 3a Are there endowment funds not in the organization by: | | | | | | Yes | No | |
| (i) Unrelated organizations | | | | | | 3a(i) | | |
| (ii) Related organizations | | | | | | 3a(ii) | <u> </u> | |
| b If 'Yes' on line 3a(ii), are the rela | • | | • | | | 3b | | |
| 4 Describe in Part XIII the intended | | | endowment f | unds. | | | | |
| Part VI Land, Buildings, and I Complete if the organi | | | on Form 9 | 90, Part IV, line | 11a. See Form 99 | 0, Part X, li | ne 10. | |
| Description of property | | (a) Cost or oth (investme | er basis (ent) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book v | alue | |
| 1 a Land | | , - | | ` ' | | | | |
| b Buildings | | | | | | | | |
| c Leasehold improvements | | | | | | | | |
| d Equipment | | | | | | | | |
| e Other | | | | | | | | |
| Total. Add lines 1a through 1e. (Colum | | gual Form 990. | Part X. colu | mn (B), line 10c.) | > | | 0. | |
| BAA | (-) | , , | , | (), () () () () | | ule D (Form 99 | | |

Schedule D (Form 990) 2019

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end- | 990, Part X, line 12 |
|---|---------------------------------|--|--|
| (1) Financial derivatives | (B) Book value | (c) Method of Variation. Cost of Cha- | -or-year market value |
| (2) Closely held equity interests. | | | |
| (3) Other | | | |
| | | | |
| (A) (B) | | | |
| ` (C) | | | |
| (C) (D) | | | |
| <u>`</u> (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| (l) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | N/A | |
| Complete if the organization answered | | | |
| (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) (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) • | | | |
| Part IX Other Assets. | | | |
| | | | |
| Complete if the organization answered | l 'Yes' on Form 99 | 00, Part IV, line 11d. See Form | |
| Complete if the organization answered (a) De | l 'Yes' on Form 99 scription | 00, Part IV, line 11d. See Form | 990, Part X, line 15 (b) Book value |
| Complete if the organization answered (a) De | | 90, Part IV, line 11d. See Form | |
| Complete if the organization answered (a) De (1) (2) | | 00, Part IV, line 11d. See Form | |
| Complete if the organization answered (a) De (1) (2) (3) | | 90, Part IV, line 11d. See Form | |
| Complete if the organization answered (a) De (1) (2) (3) (4) | | 90, Part IV, line 11d. See Form | |
| Complete if the organization answered (a) De (1) (2) (3) | | 90, Part IV, line 11d. See Form | |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) | | 90, Part IV, line 11d. See Form | |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) | | 90, Part IV, line 11d. See Form | |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) | | 90, Part IV, line 11d. See Form | |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) | scription | | (b) Book value |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) | scription | | (b) Book value |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. | Scription B) line 15.) | | (b) Book value 60, 638 |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F | B) line 15.) | | (b) Book value 60,638 |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F1. (a) Description | Scription B) line 15.) | | (b) Book value 60, 638 |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Figure 1. (a) Description 1. (a) Description 2. | B) line 15.) | | (b) Book value 60, 638. (b) Book value |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Financial income taxes (1) Federal income taxes (2) ACCRUED WAGES, PTO & RLTD PAYROLL | B) line 15.) | | (b) Book value 60, 638. (b) Book value 1, 278. |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factor of the | B) line 15.) | | (b) Book value 60, 638 (b) Book value 1, 278 |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factor of the | B) line 15.) | | (b) Book value 60, 638 (b) Book value 1,278 |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factor of the | B) line 15.) | | (b) Book value 60, 638 (b) Book value 1,278 |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Description (1) Federal income taxes (2) ACCRUED WAGES, PTO & RLTD PAYROLL (3) RESTITUTION PAYABLE (4) (5) (6) (7) | B) line 15.) | | (b) Book value 60, 638 (b) Book value 1,278 |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) ACCRUED WAGES, PTO & RLTD PAYROLL (3) RESTITUTION PAYABLE (4) (5) (6) (7) (8) | B) line 15.) | | (b) Book value 60, 638 (b) Book value 1,278 |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F 1. (a) Descr (1) Federal income taxes (2) ACCRUED WAGES, PTO & RLTD PAYROLL (3) RESTITUTION PAYABLE (4) (5) (6) (7) (8) (9) | B) line 15.) | | (b) Book value 60, 638 (b) Book value 1,278 |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F1. (a) Descr (1) Federal income taxes (2) ACCRUED WAGES, PTO & RLTD PAYROLL (3) RESTITUTION PAYABLE (4) (5) (6) (7) (8) (9) (10) | B) line 15.) | | (b) Book value 60, 638 (b) Book value 1,278 |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on Factorial income taxes (2) ACCRUED WAGES, PTO & RLTD PAYROLL (3) RESTITUTION PAYABLE (4) (5) (6) (7) (8) (9) (10) (11) | B) line 15.) | 11e or 11f. See Form 990, Part X, line 2 | (b) Book value 60, 638. (b) Book value 1,278. 1,658. |
| Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F1. (a) Descr (1) Federal income taxes (2) ACCRUED WAGES, PTO & RLTD PAYROLL (3) RESTITUTION PAYABLE (4) (5) (6) (7) (8) (9) (10) | B) line 15.) | 11e or 11f. See Form 990, Part X, line 2 | (b) Book value 60, 638. (b) Book value 1,278. 1,658. |

| Part XI Reconciliation of Revenue per Audited Financial Statement | ts With Revenue per Re | turn. N/A |
|---|---------------------------------|-----------------|
| Complete if the organization answered 'Yes' on Form 990, P | art IV, line 12a. | |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains (losses) on investments | 2 a | |
| b Donated services and use of facilities | 2 b | |
| c Recoveries of prior year grants | 2 c | |
| d Other (Describe in Part XIII.) | 2 d | |
| e Add lines 2a through 2d. | | 2 e |
| 3 Subtract line 2e from line 1 | | 3 |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | |
| b Other (Describe in Part XIII.) | 4 b | |
| c Add lines 4a and 4b. | | 4 c |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). | | 5 |
| | | |
| Part XII Reconciliation of Expenses per Audited Financial Statemer | | Return. N/A |
| Complete if the organization answered 'Yes' on Form 990, P | | Return. N/A |
| | art IV, line 12a. | Return. N/A |
| Complete if the organization answered 'Yes' on Form 990, P | art IV, line 12a. | |
| Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements | art IV, line 12a. | |
| Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements | 'art IV, line 12a. | |
| Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities | 2art IV, line 12a. 2a 2b | |
| Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments | 2art IV, line 12a. 2a 2b 2c | |
| Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. | 2art IV, line 12a. 2a 2b 2c 2d | |
| Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) | 2a | 1 |
| Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a | 1 2 e |
| Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. | 2a | 1 2 e |
| Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) | 2a | 1 2e 3 |
| Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b. | 2a | 1 2e 3 4c |
| Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) | 2a | 1 2e 3 |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FASB ASC 740 Footnote

THE ORGANIZATION HAS ADOPTED ASC 740, PERTAINING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. CURRENTLY, THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

BAA Schedule D (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TEACHING PEACE INC.
DBA LGMNT COMMUNITY JUSTICE PARTNERSHIP

Employer identification number 84-1291133

Form 990, Part VI, Line 11b - Form 990 Review Process

ALL BOARD MEMBERS ARE GIVEN A DRAFT OF FORM 990 BEFORE IT IS APPROVED FOR FILING WITH THE INTERNAL REVENUE SERVICE.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

THE BOARD OF DIRECTORS IS REQUIRED TO SIGN AN ANNUAL DISCLOSURE FORM, LISTING ANY POTENTIAL CONFLICTS OF INTEREST WITH THE ORGANIZATION.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

THE ANNUAL COMPENSATION FOR THE EXECUTIVE DIRECTOR AND OTHER STAFF IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS. THIS INFORMATION IS ALSO REVIEWED AGAINST THE COMMENSURATE COMPENSATION OF EXECUTIVE DIRECTORS AND EMPLOYEES IN SIMILAR NONPROFIT ORGANIZATIONS.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

A COPY OF THE ORGANIZATION'S FORM 990 IS AVAILABLE TO THE PUBLIC AT WWW.GUIDESTAR.ORG. A COPY OF THE ORGANIZATION'S GOVERNING DOCUMENTS IS AVAILABLE UPON REQUEST.