EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

A F	or the	2021 calendar year, or tax year beginning	and	ending	_				
	heck if pplicable:	C Name of organization			D Employer	identific	ation numb	er	
	Address change	THE TEAK FELLOWSHIP, INC.							
	Name change	Doing business as			13-40	11465			
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone	number			
	Final return/	16 WEST 22ND STREET, 3RD FLOOR	′	301		288-667			
	termin- ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts	\$	1:	2,331	,527.
	Amende return		3 1		H(a) Is this a	group ret			
	Applica- tion	F Name and address of principal officer: JARED	HOROWITZ		for subo			es X	No
	pending	SAME AS C ABOVE			H(b) Are all subo			'es	No
<u> </u>	ax-exen	npt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," a	attach a l	ist. See inst	ruction	S
JΛ	Vebsite	: ► WWW.TEAKFELLOWSHIP.ORG			H(c) Group e	xemption	number 🕨	•	
K F		· gameation,	ociation Other 	L Year	of formation: 19	98 M	State of lega	l domic	ile: NY
Pa		Summary							
•	1 B	riefly describe the organization's mission or most s	significant activities: TO HELD	P ACADEMI	CALLY TALEN	ITED			
Governance	N.	EW YORK CITY STUDENTS FROM LOW-INCOME	FAMILIES EARN ADMISSI	ON INTO					
rna			tinued its operations or dispos			1 1	ets.		
ove.		umber of voting members of the governing body (F							22
<u>م</u>	1	umber of independent voting members of the gove							22
es	1	otal number of individuals employed in calendar ye							59
Activities		otal number of volunteers (estimate if necessary)							100
Act		otal unrelated business revenue from Part VIII, colu							0.
	b N	et unrelated business taxable income from Form 9	90-T, Part I, line 11	·····					0.
					Prior Year			nt Yea	
ne	8 C	ontributions and grants (Part VIII, line 1h)			3,631	677.		3,/64	,207.
/en	9 P				010	0.		1 616	0.
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4,				,068.	•		,429. ,803.
	ייון ט	ther revenue (Part VIII, column (A), lines 5, 6d, 8c,				3,745.		5,341	
		otal revenue - add lines 8 through 11 (must equal F			4,550	0.	•	3,341	0.
	l .	rants and similar amounts paid (Part IX, column (A	0.			0.			
	45 0	enefits paid to or for members (Part IX, column (A) alaries, other compensation, employee benefits (Pa			1 966	5,205.		2,117	
Expenses	16a D	rofessional fundraising fees (Part IX, column (A), lir		2,20	0.	<u> </u>	_,	0.	
Sen	h T	otal fundraising expenses (Part IX, column (D), line				- •			
Ä	17 0	ther expenses (Part IX, column (A), lines 11a-11d,	· · ·		1,026	,167.		1,092	,155.
	1	otal expenses. Add lines 13-17 (must equal Part IX				2,372.			,163.
	l	evenue less expenses. Subtract line 18 from line 1				5,373.		2,132	
- S				Be	ginning of Curre			of Year	
ets	20 T	otal assets (Part X, line 16)			15,802		1	7,619	,357.
ASS	21 T	otal liabilities (Part X, line 26)			379	,875.		50	,885.
Net Assets or	22 N	et assets or fund balances. Subtract line 21 from li	ne 20		15,422	2,759.	1	7,568	,472.
Pa	art II	Signature Block							
Und	er penalti	es of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	and stateme	ents, and to the b	est of my	knowledge an	nd belief	, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowled	ge.			
Sigi	n	Signature of officer			Date				
Her	e	Towns and Elle							
		Type or print name and title		1 г)oto I		DTIN		
		** * *	Preparer's signature)ate	Check if	PTIN	252	
Paid	· -	LEXANDER LAZZARUOLO	Alexander Lazzari DONNELLY LLP	uolo	11/14/2022	self-employed	•		
		condon o'Meara McGinty &			Firm's	EIN 🛌	13-36282	55	
use	Only	Firm's address ONE BATTERY PARK PLAZA, 7	Tn FL.			212	661 7777		
		NEW YORK, NY 10004	00 : 1 ::		Phone	no.∠⊥∠-	661-7777		<u> </u>
ıvlay	tne IKS	discuss this return with the preparer shown abov	e / See instructions				. X Ye	S	No

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Pa	Charle if Oak and to O and the angular angular to the small in this Bad III	Х
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O	<u>A</u>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured lesction 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,177,793. including grants of \$) (Revenue \$) MIDDLE SCHOOL PROGRAMMING - SEE SCHEDULE O.)
	(Code:) (Expenses \$ 859 , 987. including grants of \$) (Revenue \$	1
15	HIGH SCHOOL PROGRAMMING - SEE SCHEDULE O.	
4c	(Code:) (Expenses \$)
	COLLEGE SUCCESS PROGRAMMING - SEE SCHEDULE O.	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 284,633. including grants of \$) (Revenue \$)
4e	(Expenses \$ 284,633 including grants of \$) (Revenue \$ Total program service expenses ► 2,742,281.)
		Form 990 (2021)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	├°		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	11c		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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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		х
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	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form 990 (2021) THE TEAK FELLOWSHIP
Part IV | Checklist of Required Schedules (c

ı aı	Officerist of nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	х	
04 -	Schedule J	23	Λ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25h		х
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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	27		х
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ### A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? ### ### ### ### ### ### ### ### ###	200		
·	"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			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ .		
UZ.	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	U		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		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
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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O21) THE TEAK FELLOWSHIP, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	37	
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?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	Ů		
а	Did the conservation considerable and a constant to distribution of the 40000	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	OD.		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	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		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1_
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form **990** (2021)

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 22 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 22 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 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 to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY 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 Own website X Upon request 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 the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DENISE BROWN-ALLEN - 212-288-6678

Form **990** (2021)

10010

16 WEST 22ND STREET, 3RD FLOOR, NEW YORK, NY

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

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

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

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)), ga		((C)			(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle:	heck ss pe	rson i	than of s both or/trus	n an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) WYNDY SLOAN	55.00								_	
DEPUTY DIRECTOR	65.00				<u> </u>	Х		137,106.	0.	28,110.
(2) DENISE BROWN-ALLEN	65.00							121 000	•	14 100
EXECUTIVE DIRECTOR	FF 00			Х	<u> </u>			131,222.	0.	14,188.
(3) MICHELLE KIM	55.00					X		122 500	0.	20 202
SENIOR DIRECTOR OF FINANCE AND OPERA (4) JOHN F. GREEN	65.00				\vdash	┢		122,500.	0.	20,303.
FMR. EXECUTIVE DIRECTOR	05.00			Х				118,556.	0.	15,845.
(5) OYESHIKU CARR	55.00							110,330.	••	13,043.
SENIOR DIRECTOR OF MIDDLE SCHOOL ACA	33.00	-				x		121,725.	0.	7,154.
(6) MARC BECKER	10.00					 		122,720.	••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CHAIR		х		x				0.	0.	0.
(7) MATTHEW R. STOPNIK	5.00									
VICE CHAIR		х		х				0.	0.	0.
(8) CATHERINE M. CLARKIN	5.00									
TREASURER		х		х				0.	0.	0.
(9) CHRISTOPHER LANNING	5.00									
SECRETARY		Х		х				0.	0.	0.
(10) JILL BORST	3.00									
DIRECTOR		Х						0.	0.	0.
(11) BRAD COPPENS	3.00									
DIRECTOR		Х						0.	0.	0.
(12) KENNETH FOX	3.00									
DIRECTOR		Х						0.	0.	0.
(13) AMRAN HUSSEIN	3.00									
DIRECTOR		Х						0.	0.	0.
(14) JACQUES S. PIERRE	3.00									
DIRECTOR		Х						0.	0.	0.
(15) PAUL SPIVEY	3.00								_	_
DIRECTOR (16) TUDGON EDADUAGEN	2.00	Х	-		 	-		0.	0.	0.
(16) JUDSON TRAPHAGEN	3.00								_	_
DIRECTOR	2 00	Х			\vdash			0.	0.	0.
(17) JARED HENDRICKS DIRECTOR	3.00	х						0.	0.	_
132007 12-09-21		Λ			<u> </u>		l	1 0.	٥.	0. Form 990 (2021)

132007 12-09-21 Form **990** (2021)

Part VII Section A. Officers, Directors, Tru		ploy	ees,			ghes	st C	I I		\neg	(F)	
(A)	Average	(B) (C) Average Position						(D)	(E)		(F)	
Name and title	hours per		not c	heck	more	than d is both		Reportable compensation	Reportable compensation		Estimat amount	
	week					or/trus		from	from related		othe	
	(list any	ctor						the	organizations		compens	
	hours for	r director				ted		organization	(W-2/1099-MISC/	/	from th	ne
	related	trustee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organiza	ition
	organizations	altrus	nal tr		loyee	comp		1099-NEC)			and rela	
	below line)	Individual tr	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer				organizat	ions
(18) JONATHAN BILZIN	3.00	드	드	5	Α	= =	요			\dashv		
DIRECTOR		х						0.		٥.		0.
(19) JASON CALDWELL	3.00									T		
DIRECTOR		х						0.	1	٥.		0.
(20) JASON HOROWITZ	3.00											
DIRECTOR		Х						0.	(٥.		0.
(21) ROBERT KALSOW-RAMOS	3.00											
DIRECTOR		Х						0.		0.		0.
(22) CHRISTINA SEDA	3.00											
DIRECTOR		Х				_		0.		0.		0.
(23) AMY HONG	3.00	-										•
DIRECTOR (24) ANDREW FERRER	3 00	Х	┝			\vdash		0.		0.		0.
DIRECTOR	3.00	x						0.		ا.٥		0.
(25) EHREN STENZLER	3.00	Λ.	\vdash			\vdash		0.	<u>'</u>	+		
DIRECTOR	1.55	x						0.		ا.٥		0.
(26) JUSTINE STAMEN ARRILLAGA	5.00					H				Ť		
CHAIR EMERITUS		х						0.		٥.		0.
1b Subtotal								631,109.	-	0.	85	,600.
c Total from continuation sheets to Part							•	0.	1	٥.		0.
d Total (add lines 1b and 1c)							<u> </u>	631,109.		0.	85	,600.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable			
compensation from the organization											1,7	5 T.,
O Diddle consideration list one forms of the							1	do a da a a companyo a da a da a comple		ſ	Yes	No
3 Did the organization list any former office		-	•	•	•		•		•	- 1	3 X	
line 1a? If "Yes," complete Schedule J for										٠	3 X	
4 For any individual listed on line 1a, is the										١	4 X	
and related organizations greater than \$1Did any person listed on line 1a receive or										٠	4	
rendered to the organization? If "Yes." co	•				•			•	dar for services	-	5	х
Section B. Independent Contractors	mpiete ochedar	<i>C U 1</i>	Or St	acii ș	<i>5</i> 073	OII .				• •		
1 Complete this table for your five highest of	compensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$1	100,000 of compen	ısat	ion from	
the organization. Report compensation for	r the calendar y	ear e	endir	ng w	ith c	or wi	thiņ	the organization's tax ye	ear.			
(A)								(B)		_	(C)	
Name and busines	ss address	NO	NE				_	Description of se	ervices	<u>C</u>	ompensation	<u>วท</u>
-							\dashv					
	<u> </u>											
2 Total number of independent contractors	(including but n	ot lir	nite	d to	thos	se lis	ted	above) who received mo	re than			

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form 990 THE TEAK FEL	13-4011465									
Part VII Section A. Officers, Directors, Tro	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours	(cl	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ROBERT S. KAPLAN	3.00									
FOUNDING BOARD CHAIR/DIREC		Х						0.	0.	0,
Total to Part VII, Section A, line 1c										

13-4011465

Form 990 (2021) THE TEAK FI

		Check if Schedule O contains a response of	r note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
10 10	4 .	- Foderated compaigns					
ints		a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b	000 500				
S, An		c Fundraising events 1c	870,589.				
a Si	•	d Related organizations 1d					
is,	•	e Government grants (contributions)	313,700.				
rigin	1	f All other contributions, gifts, grants, and					
the the		similar amounts not included above 1f	2,579,918.				
ΈÓ	9	g Noncash contributions included in lines 1a-1f 1g \$	220,975.				
Sol	ì	h Total. Add lines 1a-1f	b	3,764,207.			
			Business Code				
	2 8	•					
ij							
ne v		b					
n S		C					
<u>ra</u>	•	d					
Program Service Revenue		e					
۵		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	>	364,639.			364,639.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a					
		b Less: rental expenses 6b					
		d Net rental income or (loss) a Gross amount from sales of (i) Securities	(ii) Other				
	7 8		(II) Other				
		assets other than inventory 7a 8,164,681.					
	ŀ	b Less: cost or other basis					
<u>e</u>		and sales expenses 7b 6,882,891.					
ther Revenue	•	c Gain or (loss)					
Be		d Net gain or (loss)		1,281,790.			1,281,790.
Ē	8 8	a Gross income from fundraising events (not					
₹		including \$ 870,589. of					
		contributions reported on line 1c). See					
		Part IV, line 18	38,000.				
		b Less: direct expenses 8b	106,803.				
		c Net income or (loss) from fundraising events		-68,803.			-68,803.
		a Gross income from gaming activities. See	·····				,
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities	·····				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	b Less: cost of goods sold 10b					
	(Net income or (loss) from sales of inventory	>				
ر _د			Business Code				
ons e	11 a	a					
ane Dug	ŀ	b					
Miscellaneous Revenue	(c					
isc B	(d All other revenue					
Σ		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		5,341,833.	0.	0.	1,577,626.

132009 12-09-21

13-4011465

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

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	,	ĕxpenses	generăl expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	279,812.	240,638.	13,991.	25,183
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			-1 050	
7	Other salaries and wages	1,439,382.	1,237,869.	71,969.	129,544
8	Pension plan accruals and contributions (include	00.000	E0 =00		
_	section 401(k) and 403(b) employer contributions)	82,233.	70,720.	4,112.	7,401
9	Other employee benefits	167,573.	144,114.	8,378.	15,081
0	Payroll taxes	148,008.	127,287.	7,400.	13,321
1	Fees for services (nonemployees):				
а	Management	46,650	25.205	6.000	0.222
b	Legal	46,659.	37,327.	6,999.	2,333
С	Accounting	10,140.	8,112.	1,521.	501
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	01 477		01 472	
f	Investment management fees	81,473.		81,473.	
g	,	11 124	0.000	1 660	F.F.(
	column (A), amount, list line 11g expenses on Sch O.)	11,124.	8,899.	1,669.	556
12	Advertising and promotion	90 300	76 756	0 163	4 490
13	Office expenses	89,399.	76,756.	8,163.	4,480 1,624
14	Information technology	32,486.	27,613.	3,249.	1,024
15	Royalties	257 522	321,771.	21 451	14 201
16	Occupancy	357,523.		21,451.	14,301
17	Travel	1,507.	1,356.	75.	7.0
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	38,807.	33,373.	3,494.	1,940
2	Depreciation, depletion, and amortization	30,007.	33,373.	3, 191.	1,540
3	Insurance				
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	STUDENT SERVICES & SUPP	388,841.	388,841.		
b	OTHER	19,562.	17,605.	1,371.	586
С	FUNDRAISING	14,634.			14,634
d	· <u> </u>				
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	3,209,163.	2,742,281.	235,315.	231,56
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021) Part X Balance Sheet

THE TEAK FELLOWSHIP, INC.

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or I	note to a	ny line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,000.	1	1,039
	2	Savings and temporary cash investments			1,673,224.	2	1,238,93
	3	Pledges and grants receivable, net			172,196.	3	133,15
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	hese per	sons		5	
	6	Loans and other receivables from other disqu	alified p	ersons (as defined			
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
Ä	9	B			80,562.	9	82,43
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	500,804.			
	b	Less: accumulated depreciation	10b	241,926.	287,602.	10c	258,878
	11	Investments - publicly traded securities	13,588,050.	11	15,904,92		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			15,802,634.	16	17,619,35
	17	Accounts payable and accrued expenses		66,175.	17	50,88	
	18	Grants payable	313,700.	18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or fo	ormer off	icer, director,			
ıtıe		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	hese per	sons		22	
Ë	23	Secured mortgages and notes payable to unr	elated th			23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-2	4). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			379,875.	26	50,885
		Organizations that follow FASB ASC 958, o	heck he	re 🕨 🗓			
ses		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			14,216,933.	27	16,462,646
Ва	28	Net assets with donor restrictions			1,205,826.	28	1,105,826
nd		Organizations that do not follow FASB ASC	958, cl	neck here 🕨 🗌			
L.		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			15,422,759.	32	17,568,472
_	33	Total liabilities and net assets/fund balances			15,802,634.	33	17,619,357

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

За

Х

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **Employer identification number** THE TEAK FELLOWSHIP INC. 13-4011465 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(-,	(-)	(-, : -	(-)	(-,	(-)
_	membership fees received. (Do not						
	include any "unusual grants.")	2,822,897.	5,379,282.	3,996,807.	3,631,677.	3,764,207.	19,594,870.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,822,897.	5,379,282.	3,996,807.	3,631,677.	3,764,207.	19,594,870.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,614,258.
6	Public support. Subtract line 5 from line 4.						17,980,612.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2,822,897.	5,379,282.	3,996,807.	3,631,677.	3,764,207.	19,594,870.
	Gross income from interest,	, , ,	, , ,	, , .	, , ,	, ,	
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	162,679.	231,967.	301,880.	278,177.	364,639.	1,339,342.
0	Net income from unrelated business	202,075	202,507.	001,000.	2,0,2,,,	001,000.	2,007,012.
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						20,934,212.
	Total support. Add lines 7 through 10		>			40	20,334,212.
12	'					12	
13	First 5 years. If the Form 990 is for the			•			▶□
Sec	organization, check this box and store ction C. Computation of Publi		centage				
	•			aluman (f))		14	85.89 %
	Public support percentage for 2021 (I					15	
15							
108	33 1/3% support test - 2021. If the contains the second star have						
	stop here. The organization qualifies						
L	33 1/3% support test - 2020. If the c						
47.	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact			=		-	▶ □
	meets the facts-and-circumstances te	-	•	*	-		
b	10% -facts-and-circumstances test	_					U% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu		-	•	• • •		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b,	, check this box a	nd see instructions	

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	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 on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

132023 01-04-22

Schedule A (Form 990) 2021

Т.,

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No_
1		
2		
За		
Sa		
3b		
30		
3с		
4a		
4b		
4c		
5a		
5b	+	<u> </u>
5c	_	
6		
7		
8		
9a		
Ob		
9b		
9с		
10a		
,		
10b	OOO)	

Page 5

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organization operate for the benefit of any supported organization other than the supported Linear terms of the supported arriving the supported arriving the tax year. Linear terms of the supported arriving the supported arriving the supported organization other than the supported	1		
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	· · · · · · · · · · · · · · · · · · ·			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations	'		
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	,	3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	ruction		N 1 -
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	OI-		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0.		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
_3	Other gross income (see instructions)	3					
_4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
_ 7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting orga	nization (see			
	instructions).			·			

Schedule A (Form 990) 2021

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpo	3		
4	Amounts paid to acquire exempt-use assets	· · · · · · ·	4	
5	Qualified set-aside amounts (prior IRS approval required -	provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.	3	8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	and a division division by mile a division in	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
ī	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater	r		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
-	LAVEGO HUHLAUA I			

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	THE TEAK	FELLOWSHIP,	INC.			13-4011465	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4 lines 2 and 3	b, 4c, 5a, 6, 9a, ; Part IV, Sectio	9b, 9c, 11 n E, lines 1	quired by Part II, line 10; Part a, 11b, and 11c; Part IV, Sect 1c, 2a, 2b, 3a, and 3b; Part V, d 6. Also complete this part fo	tion B, lines 1 and , line 1; Part V, Se	d 2; Part IV, Sectior ection B, line 1e; Pa	n C,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Nam	e of the organization THE TEAK FELLOWSHIP, INC.		Employer identification number
Pai	· · · · · · · · · · · · · · · · · · ·	d Funds or Other Similar Funds	
1 3	organization answered "Yes" on Form 990, Part IV, line		complete it the
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(c, z z con da nez da nez	(a) and and all all all all all all all all all al
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		sed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor or		
Pai		ganization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization		·
	Preservation of land for public use (for example, recreated)	<u> </u>	of a historically important land area
	Protection of natural habitat	· —	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	•
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
•			//-\/A\/D\/;\
8	Does each conservation easement reported on line 2(d) above	•	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's illiancial statem	ients that describes the
Pai	organization's accounting for conservation easements. Till Organizations Maintaining Collections of	Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under FASB A		
а	Bernard in the leaf on Fermi 000 Best VIII live 4		> \$

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

Schedule D (Form 990) 2021

b Assets included in Form 990, Part X

Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make sig	gnificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	m					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exem	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, historical treas	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "	Yes" on	Form 990,	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other ass	ets not ir	ncluded		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount		
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance					1f		7	_	
	Did the organization include an amount on Fo					ty?		Yes	F	∐ No
	If "Yes," explain the arrangement in Part XIII.						<u></u>			
Par	t V Endowment Funds. Complete if						ooro book	(a) Four	vooro	hook
		(a) Current year	(b) Prior year	(c) Two year		(d) Three y		· ,		
	Beginning of year balance	5,361,992.	5,261,992.	5,361	,992.		50,992.	٥,	<u> </u>	389.
	Contributions		200,000.		+	10	01,000.			
	Net investment earnings, gains, and losses				+					
	Grants or scholarships				+					
е	Other expenditures for facilities	100 000	100 000	100	000				2.4	207
_	and programs	100,000.	100,000.	100	,000.				34,	397.
	Administrative expenses	5,261,992.	F 261 002	5 261	993	F 24	51 002		260	002
_	End of year balance		5,361,992.		, 332.	3,30	51,992.	٥,	200,	992.
2	Provide the estimated percentage of the curre	ent year end balance 78.9846) neid as:						
	Board designated or quasi-endowment ► 21.0150		_%							
	• •	% %								
C	Term endowment ▶									
20	Are there endowment funds not in the posses	•	tion that are hold an	nd administar	ad for the	o organiza	tion			
Ja		ssion of the organiza	tion that are neid ar	iu auriii iistere	יים וטו נוופ	organiza	шоп	Г	Yes	No
	by: (i) Unrelated organizations							3a(i)		X
	(i) Unrelated organizations							3a(ii)		х
h	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R2					3b		
4	Describe in Part XIII the intended uses of the							0.2		
	t VI Land, Buildings, and Equipme		William Tarias.							
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990,	Part X, I	ine 10.				
	Description of property	(a) Cost or of basis (investm	` ,	or other (other)		ccumulate preciation	d	(d) Book	valu	e
	Land	<u> </u>	Dasis	(Oth ICI)	uep	n colation i				
	Land									
	Buildings			307,307.		48,4	129		258	878.
	Leasehold improvements	I		193,497.		193,4				0.
	Equipment Other					,				
	Other		V 00/100= (D) // 100 41))					258	878.
rota	. Add lines 1a through 1e. (Column (d) must ed	quai Form 990, Part)	x, coiumn (B), line 10	JC.)						3,0.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" o	n Form 990 Part IV line	11h See Form 990 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	vear market value
Financial dari etima	(b) Book value	(c) meaned or valuation: each or one or	your market value
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of	-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.	- F 000 P-+ IV I'	444 Occ Farm 000 Bart V Page 45	
Complete if the organization answered "Yes" o		Trd. See Form 990, Part X, line 15.	(b) Pook volue
(a) L	Description		(b) Book value
(1)			
(1) (2)			
(1) (2) (3)			
(1) (2) (3) (4)			
(1) (2) (3) (4) (5)			
(1) (2) (3) (4) (5) (6)			
(1) (2) (3) (4) (5) (6)			
(1) (2) (3) (4) (5) (6) (7)			
(1) (2) (3) (4) (5) (6) (7) (8) (9)	45)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.		, , , , , , , , , , , , , , , , , , ,	
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of		, , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		, , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes		, , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)		, , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)		, , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)		, , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		, , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		, , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		, , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		, , , , , , , , , , , , , , , , , , ,	(b) Book value

Schedule D (Form 990) 2021

Par	T XI Reconciliation of Revenue per Audited Financial Stat		venue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				F 272 402
1				1	5,273,403.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مما	13 0/3		
a	Net unrealized gains (losses) on investments		13,043.	-	
b	Donated services and use of facilities			-	
c d	Recoveries of prior year grants Other (Describe in Part XIII.)	1 4.1		-	
e	Other (Describe in Part XIII.) Add lines 2a through 2d			2e	13,043.
3	Subtract line 2e from line 1			3	5,260,360.
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	4a	81,473.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	81,473.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,341,833.
Par	t XII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	3,127,690.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	, ,			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)				_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,127,690.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	01 472		
а	Investment expenses not included on Form 990, Part VIII, line 7b		81,473.	-	
b	Other (Describe in Part XIII.)	·		4.	81,473.
	Add lines 4a and 4b			4c 5	3,209,163.
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	3.)		<u> </u>	3,203,203.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	: Part IV. lines 1b an	d 2b: Part V. line 4	: Part X. lir	ne 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			,,	,,
PART	V, LINE 4:				
THE	PURPOSE OF THE GENERAL ENDOWMENT (PERMANENT AND BOARD DES	IGNATED) IS			
т О С	ONTRIBUTE TO UNDERWRITING THE OPERATING COSTS OF THE FELL	ОМантр'а			
10 0	CONTRIBUTE TO UNDERWRITING THE OPERATING COSTS OF THE FELL	OWBHIF 5			
ANNU	AL PROGRAM, TO COMPLEMENT ANNUAL PRIVATE FUND-RAISING IN	UNDERWRITING			
	,				
THE	FELLOWSHIP'S PROGRAMS, AND TO PROVIDE ASSURANCE AND STABL	LITY TO THE			
FELL	OWSHIP'S PROGRAMS AND FINANCES, ESPECIALLY DURING INEVITA	BLE PERIODS			
OF E	CONOMIC AND FINANCIAL DIFFICULTY AND TURBULENCE. THE PURP	OSE OF THE			
MORG	AN MCKINZIE ENDOWMENT (PERMANENT) IS TO UNDERWRITE THE OP	ERATING COSTS			
	NAME OF THE TAXABLE OF THE PROPERTY OF THE PRO				
OF 1	HE PUBLIC INTEREST PROGRAM AT TEAK.				

Schedule D (Form 990) 2021 THE TEAK FELLOWSHIP, INC.	13-4011465	Page 5
Schedule D (Form 990) 2021 THE TEAK FELLOWSHIP, INC. Part XIII Supplemental Information (continued)		-
i i (continued)		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Schedule G (Form 990) 2021

THE TEAK F	ELLOWSHIP, INC.				13-401146	5
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organizatio or licensing.		ontrib	▶ utions	or has been notified	it is exempt from re	gistration
or nooriding.						

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

THE TEAK FELLOWSHIP, INC. 13-4011465 Schedule G (Form 990) 2021 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through VIRTUAL GALA col. (c)) (event type) (total number) (event type) 908,589 908,589. 1 Gross receipts 2 Less: Contributions 870,589 870,589. 38,000 Gross income (line 1 minus line 2) 38,000. 4 Cash prizes 5 Noncash prizes 107 107. Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 106,696. 106,696. Other direct expenses 106,803. **10** Direct expense summary. Add lines 4 through 9 in column (d) -68,803, 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2021

b If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021 THE TEAK FELLOWSHIP, INC.	13-4011465	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	S No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	s 🔲 No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the a	amount	
of gaming revenue retained by the third party ▶\$		
c If "Yes," enter name and address of the third party:		
Name		
Address ▶		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	s No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	·····	
organization's own exempt activities during the tax year > \$	iii iii tiile	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v): and Part III lines (9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(v), and rare iii, iii ico c	J, JD, 10D,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990)	THE TEAK FELLOWSHIP, INC.	13-4011465	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)		<u> </u>
	• • •	Continuedy		

SCHEDULE J (Form 990)

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number THE TEAK FELLOWSHIP, INC. 13-4011465 **Questions Regarding Compensation**

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

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Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WYNDY SLOAN	(i)	137,106.	0.	0.	12,978.	15,132.	165,216.	0.
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization Employer identification number THE TEAK FELLOWSHIP, INC. 13-4011465

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributio	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	9	220,975.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organization	ation during	the tax vear for co	ontributions			
	for which the organization completed Form 828						
	3	,	3			Yes	No
30a	During the year, did the organization receive by	contributio	n anv propertv rep	orted in Part I, lines 1 throug	h 28. that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?			'		0a	х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties of						
	contributions?		_			2a	х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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Schedule M (Form 990) 2021

132142 11-17-21 Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

OMB No. 1545-0047

THE TEAK FELLOWSHIP, INC.	13-4011465
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE MOST SELECTIVE SECONDARY SCHOOLS AND COLLEGES.	
PART III - LINE 1	
THE TEAK FELLOWSHIP, INC. ("TEAK") BELIEVES THAT MOTIVATION AND	
POTENTIAL, NOT ECONOMIC CIRCUMSTANCES, SHOULD DETERMINE A STUDENT'S	
FUTURE. TEAK UNLOCKS ACCESS TO OUTSTANDING EDUCATION AND TRANSFORMATIVE	
EXPERIENCES FOR EXCEPTIONAL NYC STUDENTS, WHO USE THESE OPPORTUNITIES	
TO CHANGE THEIR LIVES AND THE WORLD AROUND THEM.	
PART III - LINE 4A	
MIDDLE SCHOOL PROGRAMMING:	
TEAK PROVIDES A CYCLE OF INTENSIVE PROGRAMS TO PREPARE MIDDLE SCHOOL	
STUDENTS TO SUCCEED AT SELECTIVE INDEPENDENT/PAROCHIAL AND SPECIALIZED	
HIGH SCHOOLS. TEAK'S MIDDLE SCHOOL CURRICULUM FOCUSED ON CORE ACADEMIC	
SKILLS IN ELA AND MATH, AS WELL AS PROVIDING STUDENTS WITH UNIQUE	
EXPOSURE TO STEM THROUGH CODING AND LAB-BASED SCIENCE COURSES, AND THE	
PERFORMING ARTS. TEAK ALSO PROVIDES AN INTENSIVE HIGH SCHOOL PLACEMENT	
PROGRAM, FEATURING SSAT TEST PREPARATION, AND INDIVIDUALIZED COACHING	
THROUGH THE HIGHLY-SELECTIVE HIGH SCHOOL PLACEMENT PROCESS. ALL	
STUDENTS ARE PAIRED WITH VOLUNTEER ADULT MENTORS, MANY OF WHOM ARE TEAK	
ALUMNI. TEAK PARENTS BENEFIT FROM ONGOING PROGRAMMING AS WELL. IN 2021,	
100% OF TEAK'S CLASS 21 EARNED ADMISSION TO PRIVATE DAY, BOARDING, AND	
SCREENED HIGH SCHOOLS.	

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Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** THE TEAK FELLOWSHIP, INC. 13-4011465 PART III - LINE 4B HIGH SCHOOL PROGRAMMING: TEAK'S COMPREHENSIVE PROGRAMS AND SERVICES SUPPORT HIGH SCHOOL STUDENTS IN COMPETITIVE ACADEMIC ENVIRONMENTS, ENABLING THEM TO EXPLORE THEIR INTERESTS AND REACH THEIR POTENTIAL, WHILE ALSO PREPARING THEM FOR ADMISSION TO AND SUCCESS AT SELECTIVE COLLEGES. THIS 4-YEAR PROGRAM INCLUDES: INDIVIDUALIZED ACADEMIC ADVISING AND SUPPORT; A BREADTH OF EXPERIENTIAL LEARNING OPPORTUNITIES AND A MENU OF TRANSFORMATIONAL PROGRAMS DURING THE SUMMER; AND SUMMER INTERNSHIPS AT CORPORATIONS AND NONPROFIT ORGANIZATIONS. TEAK'S EXTENSIVE COLLEGE GUIDANCE PROGRAMMING INCLUDES INDIVIDUALIZED ONE-ON-ONE COUNSELING, INNOVATIVE PREPARATION FOR STANDARDIZED TESTS, TRIPS TO VISIT COLLEGE CAMPUSES, AND WORKSHOPS COVERING THE APPLICATION AND FINANCIAL AID PROCESSES. 100% OF THE HIGH SCHOOL GRADUATING CLASS OF 2021 EARNED ADMISSION TO SELECTIVE FOUR-YEAR COLLEGES AND UNIVERSITIES INCLUDING AMHERST COLLEGE, BROWN UNIVERSITY, CORNELL UNIVERSITY, HARVARD UNIVERSITY AND WILLIAMS COLLEGE. THE CLASS OF 2021 ALSO EARNED OVER \$6 MILLION IN GRANTS FOR THEIR FOUR YEARS OF COLLEGE. PART III - LINE 4C COLLEGE SUCCESS PROGRAMMING: THE COLLEGE SUCCESS PROGRAM AIMS TO PROVIDE ONGOING ACADEMIC, CAREER SOCIAL/EMOTIONAL AND FINANCIAL SUPPORT FOR FELLOWS TO THRIVE IN COLLEGE AND BEYOND. TEAK STAFF GUIDE STUDENTS THROUGH COURSE SELECTION AND MAKE PERSONAL VISITS TO CAMPUSES. IN 2021, TEAK STUDENTS REPORTED AN AVERAGE GPA OF 3.46 AT THE END OF THEIR FIRST SEMESTER. DURING HOLIDAY BREAKS

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Employer identification number Name of the organization THE TEAK FELLOWSHIP, INC. 13-4011465 AND SUMMERS. TEAK AND ITS PARTNER COMPANIES HOST WORKSHOPS ON INTERVIEW PREPARATION, CAREER PATHS, MICROSOFT EXCEL, FINANCIAL LITERACY, AND NETWORKING TO PREPARE STUDENTS FOR SUMMER INTERNSHIPS AND FUTURE EMPLOYMENT. TEAK ALSO HELPS STUDENTS AND FAMILIES RENEW THEIR FINANCIAL AID REQUESTS, A YEARLY PROCESS EVEN AFTER COLLEGE ADMITTANCE. TEAK REPORTS A GRADUATION RATE OF 89% FROM COLLEGE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ADMISSIONS EXPENSES \$ 284,633. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE DRAFT FORM 990 IS PRESENTED TO THE TREASURER. THE TREASURER REVIEWS AND RECOMMENDS APPROVAL AND FILING TO THE FULL BOARD IF SATISFIED WITH THE DOCUMENT. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD AND KEY EMPLOYEES CONFIRM COMPLIANCE WITH THE POLICY BY ANNUALLY RE-READING THE CONFLICT OF INTEREST POLICY AND SIGNING A DISCLOSURE STATEMENT. FORM 990, PART VI, SECTION B, LINE 15: THE GOVERNANCE & NOMINATING COMMITTEE REVIEWS SALARY SURVEYS, OTHER SUMMARIES OF COMPARABLE DATA, AND EVALUATION BY THE STAFF TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE COMMITTEE PRESENTS THE RECOMMENDATION TO THE FULL BOARD WHO APPROVES OR DENIES THE RECOMMENDATION. THE DETERMINATION IS SUBSTANTIATED IN WRITING IN AN ANNUAL LETTER OF

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Name of the organization THE TEAK FELLOWSHIP, INC.	Employer identification number 13-4011465
APPOINTMENT AND PLACED IN THE EXECUTIVE DIRECTOR'S EMPLOYEE FILE.	
FORM 990, PART VI, SECTION C, LINE 19:	
TEAK WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.	

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE TEAK FELLOWSHIP, INC. 13-4011465 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 16 WEST 22ND STREET, 3RD FLOOR, 301 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10010 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) DENISE BROWN-ALLEN Telephone No. ▶ 212-288-6678 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning __ , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022) LHA

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