## (Rev. January 2020) Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

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

Open to Public Inspection

<u> </u>	OI LIII	and	enuing U	<u> </u>				
<b>B</b> c	heck if	C Name of organization		D Employer identifi	cation number			
X	Addre							
	Name chang	e Doing business as		**-***25	40			
	Initial  return  Final	1300 56TH AVENUE N	Room/suite	E Telephone numbe (615)921				
L	Jreturn termir ated				21,089,292.			
	ated ⊺Amen							
	return Applic	NASHVILLE, IN 37209		H(a) Is this a group re				
	_tion pendi	F Name and address of principal officer. GDENN 101112D		for subordinates				
SAME AS C ABOVE H(b) Are all subordinates included?								
		empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)			
		te: ► WWW.REPUBLICCHARTERSCHOOLS.ORG		H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 2010	<b>M</b> State of legal domicile; ${f TN}$			
Pa	rt I	Summary						
•	1	Briefly describe the organization's mission or most significant activities: TO RI	EIMAGI	NE PUBLIC E	DUCATION IN			
Activities & Governance		THE SOUTH AND PREPARE ALL OF OUR SCHOLARS	TO GI	RADUATE FROM	COLLEGE.			
'n	2	Check this box  if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.			
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)		3	9			
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9			
<u>«</u>		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			299			
ţį		Total number of volunteers (estimate if necessary)			10			
ξį		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ā		Net unrelated business taxable income from Form 990-T, line 39			0.			
		Tree unrelated business taxable income north offit 990-1, line 99		Prior Year	Current Year			
	0	Contributions and grants (Part VIII line 1h)		23,099,063.	21,089,292.			
Revenue		Contributions and grants (Part VIII, line 1h)		0.	0.			
		Program service revenue (Part VIII, line 2g)		0.	0.			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,099,063.	21,089,292.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11,055,546.	11,105,544.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
kpe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,999,969.	9,866,777.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,055,515.	20,972,321.			
	19	Revenue less expenses. Subtract line 18 from line 12		43,548.	116,971.			
Net Assets or Fund Balances				eginning of Current Year	End of Year			
ets	20	Total assets (Part X, line 16)		23,629,837.	24,425,575.			
Ass	21	Total liabilities (Part X, line 26)		16,864,085.	17,542,852.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		6,765,752.	6,882,723.			
Pa	rt II	Signature Block		· · ·				
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		•				
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	p p					
Sigr		Signature of officer		Date				
Here		GLENN TURTEL, CFO						
Her	=	Type or print name and title						
				Date Check C	PTIN			
Paid		Print/Type preparer's name   Preparer's signature   KATHLEEN SCHMIDT   KATHLEEN SCHMIDT		\a				
			<u>.  </u> U		**-***9910			
Prep		Firm's name BAKER TILLY US, LLP Firm's address 3655 NOBEL DRIVE, SUITE 300		Firm's EIN ▶				
Use	UIIIY	SAN DIEGO, CA 92122		Dhama O E	8.597.4100			
		•		Phone no. 8 3				
May	tne II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

ı a	Obselvi Och edu la Oceanicia a seconda de confiniammenta	
_	Check if Schedule O contains a response or note to any line in this Part III	L
1	Briefly describe the organization's mission:  THE MICCION OF REDURITO CONOCIC NACHVILLE TO TO RETMACTIVE DIDI	TC
	THE MISSION OF REPUBLIC SCHOOLS NASHVILLE IS TO REIMAGINE PUBL	
	EDUCATION IN THE SOUTH. REPUBLIC PREPARES SCHOLARS TO ENTER, STATE AND CRADULAR FROM COLLEGE AND CREEKING GRADULAR WALLER	OCCEED
	IN, AND GRADUATE FROM COLLEGE, AND OPERATES SCHOOLS THAT VALUE	
	INNOVATION AND OWNERSHIP.	
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
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total of	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$18,842,193 • including grants of \$) (Revenue \$	1
ти	MANAGE A NETWORK OF PUBLIC CHARTER SCHOOLS IN NASHVILLE, TN.	,
	MANAGE A NETWORK OF TODETC CHARTER DEMOCED IN MADIFIELD, IN.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>4e</u>	Total program service expenses ▶ 18,842,193.	
		Form <b>990</b> (2019)

Form 990 (2019) REPUBLIC SCHOOLS NASHVILLE
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?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		₩.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	444	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	_
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	Tie	- 22	
•	the organization's separate of consolidated infancial 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		X
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
-	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		X
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		X
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		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_	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	ر ۾ ا		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1 🕰

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
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			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c 24d		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	<u> </u>
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	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			3.7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_ v	1
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
. ai	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Solieudie O contains a response di note to any ille in tilis fait v		V	N <sub>C</sub>
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 44		Yes	No
ia b	0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	Х	
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#### REPUBLIC SCHOOLS NASHVILLE Page 5 Form 990 (2019) Statements Regarding Other IRS Filings and Tax Compliance 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **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)? Х 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

amounts due or received from them.)

Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(12) organizations. Enter:

a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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Х

X

X

12a

13a

14b

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11

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

	Check if Schedule O contains a response or note to any line in this Part VI						X			
Sec	tion A. Governing Body and Management									
						Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other							
	officer, director, trustee, or key employee?				2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the									
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х			
6	and the second s									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
	more members of the governing body?				7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st									
	persons other than the governing body?		*		7b		х			
8										
а										
b					8a 8b	X				
9										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O									
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
	(This decision b requests information assure policies not required by the internal ne	venae	<u> </u>			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
			.,		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Ü							
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12a 12b	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
·	in Schedule O how this was done	,			12c	Х				
13	Did the organization have a written whistleblower policy?				13	X				
14	Did the organization have a written document retention and destruction policy?				14	X				
15	Did the process for determining compensation of the following persons include a review and approva				-1-					
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ı Dy III	асренает							
•	The organization's CEO, Executive Director, or top management official				15a	х				
	Other officers or key employees of the organization				15b	X				
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				.55					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a							
100	taxable entity during the year?				16a		х			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				.54					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•							
	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure			•••						
17	List the states with which a copy of this Form 990 is required to be filed ▶TN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	)-T (Section 501(c	:)(3)s	only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.			,-	37					
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and	financ	cial				
-	statements available to the public during the tax year.	'	,							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records							
	GLENN TURTEL - (615)921-8440									
	1300 56TH AVENUE N., NASHVILLE, TN 37209									

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

(A) Name and title  O  (1) STEWART HOOD BOARD CHAIR (2) ADAM MANGANA BOARD MEMBER (3) CORTEZ MOSS BOARD MEMBER (4) DRAKE JARMAN BOARD MEMBER (5) MIRANDA CHRISTY BOARD MEMBER	(B) Average hours per week (list any hours for related organizations below line) 2.00 2.00	stee or director	not cle cream trustee Institutional trustee	s per	tion more f son is rector	than o s both	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
O  (1) STEWART HOOD  BOARD CHAIR (2) ADAM MANGANA  BOARD MEMBER (3) CORTEZ MOSS  BOARD MEMBER (4) DRAKE JARMAN  BOARD MEMBER (5) MIRANDA CHRISTY	hours per week (list any hours for related organizations below line) 2.00 2.00	X Individual trustee or director	unles cer an	Officer Officer	son is rector	s both r/trust	an ee)	compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
(1) STEWART HOOD BOARD CHAIR (2) ADAM MANGANA BOARD MEMBER (3) CORTEZ MOSS BOARD MEMBER (4) DRAKE JARMAN BOARD MEMBER (5) MIRANDA CHRISTY	week (list any hours for related organizations below line) 2.00  2.00	X Individual trustee or director	cer an	Officer Officer	recto	r/trust	ee)	from the organization	from related organizations	other compensation from the organization and related
(1) STEWART HOOD BOARD CHAIR (2) ADAM MANGANA BOARD MEMBER (3) CORTEZ MOSS BOARD MEMBER (4) DRAKE JARMAN BOARD MEMBER (5) MIRANDA CHRISTY	hours for related organizations below line)  2.00  2.00  2.00	x x	Institutional trustee		Key employee	Highest compensated employee	Former	organization	•	from the organization and related
(1) STEWART HOOD BOARD CHAIR (2) ADAM MANGANA BOARD MEMBER (3) CORTEZ MOSS BOARD MEMBER (4) DRAKE JARMAN BOARD MEMBER (5) MIRANDA CHRISTY	related organizations below line) 2.00 2.00 2.00	x x	Institutional trustee		Key employee	Highest compensated employee	Former	•	(W-2/1099-MISC)	organization and related
(1) STEWART HOOD BOARD CHAIR (2) ADAM MANGANA BOARD MEMBER (3) CORTEZ MOSS BOARD MEMBER (4) DRAKE JARMAN BOARD MEMBER (5) MIRANDA CHRISTY	organizations below line) 2.00 2.00 2.00	x x	Institutional truste		Key employee	Highest compensa employee	Former	(W-2/1099-MISC)		and related
(1) STEWART HOOD BOARD CHAIR (2) ADAM MANGANA BOARD MEMBER (3) CORTEZ MOSS BOARD MEMBER (4) DRAKE JARMAN BOARD MEMBER (5) MIRANDA CHRISTY	below line) 2.00 2.00 2.00	x x	In stit utional 1		Key employe	Highest com employee	Former			
BOARD CHAIR  (2) ADAM MANGANA  BOARD MEMBER  (3) CORTEZ MOSS  BOARD MEMBER  (4) DRAKE JARMAN  BOARD MEMBER  (5) MIRANDA CHRISTY	2.00 2.00 2.00 2.00	x x	Instituti		Key em	Highest employ	Former		l	
BOARD CHAIR  (2) ADAM MANGANA  BOARD MEMBER  (3) CORTEZ MOSS  BOARD MEMBER  (4) DRAKE JARMAN  BOARD MEMBER  (5) MIRANDA CHRISTY	2.00 2.00 2.00 2.00	x x	п		<u>x</u>	Ξē	Ĕ.			organizations
BOARD CHAIR  (2) ADAM MANGANA  BOARD MEMBER  (3) CORTEZ MOSS  BOARD MEMBER  (4) DRAKE JARMAN  BOARD MEMBER  (5) MIRANDA CHRISTY	2.00	х		Х						
BOARD MEMBER  (3) CORTEZ MOSS  BOARD MEMBER  (4) DRAKE JARMAN  BOARD MEMBER  (5) MIRANDA CHRISTY	2.00	х						0.	0.	0.
(3) CORTEZ MOSS BOARD MEMBER (4) DRAKE JARMAN BOARD MEMBER (5) MIRANDA CHRISTY	2.00									
BOARD MEMBER  (4) DRAKE JARMAN  BOARD MEMBER  (5) MIRANDA CHRISTY	2.00	v						0.	0.	0.
(4) DRAKE JARMAN BOARD MEMBER (5) MIRANDA CHRISTY		v								
BOARD MEMBER (5) MIRANDA CHRISTY		22						0.	0.	0.
(5) MIRANDA CHRISTY	2 2 2									
-		Х						0.	0.	0 .
BOARD MEMBER	2.00									
		Х						0.	0.	0.
(6) RON CORBIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) SHARHONDA BOSSIER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) WALKER MORROW	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) WOOD CALDWELL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JONATHAN RYBKA	40.00									
CHIEF EXECUTIVE OFFICER				Х				0.	215,721.	16,946.
(11) KATHERINE POULIS	40.00								_	_
CHIEF OPERATING OFFICER				Х				0.	0.	0.
(12) GLENN TURTEL	40.00								400 04 -	
CHIEF FINANCIAL OFFICER	40.00			Х				0.	138,817.	18,623.
(13) KEVIN HEFFEL	40.00								450405	
CHIEF ACADEMIC OFFICER	40.00			Х				0.	179,195.	22,591
(14) ANNE SARKER	40.00					_		110 040	_	15 055
DIRECTOR OF SCHOOLS	40.00					Х		119,840.	0.	15,055
(15) MATTHEW DEMPSEY	40.00					,		102 050	_	14 100
PRINCIPAL	40.00					Х		103,970.	0.	14,100
(16) CHRISTINA MCDONALD	40.00	l				, l		61 010		14 560
PRINCIPAL						Х		n	E () 4 4 (7 )	1 /1 // //
-			, ,	ı				61,017.	52,117.	14,760.

Form 990 (2019)

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			((	C)			(D)	(E)			(F)	
	Name and title	Average	/ al a		Pos				Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson i	than o	n an	compensation	compensatio	n	am	ount	of
		week	offic	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	ı l		other	
		(list any	ector						the	organization	s	com	oensa	tion
		hours for	r dire				ted		organization	(W-2/1099-MIS	3C)	fro	om the	Э
		related	ste c	ruste			eusa		(W-2/1099-MISC)			_	anizati	
		organizations	altrus	nal tr		loyee	l comp						l relate	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
		line)	lu	lns	90	Key	e Hig	윤			-+			
											$\rightarrow$			
											+			
											$\dashv$			
											$\rightarrow$			
	Culatotal								284,827.	585,85	50	101	2 0'	75
	Subtotal  Total from continuation sheets to Part VI								0.	303,03	0.	102	, 0	0.
	Total (add lines 1b and 1c)								284,827.	585,85		102	2,0	
2	Total number of individuals (including but n							o re						
_	compensation from the organization	or inflited to th	030	11310	u ar	JOVC	<i>,</i> )	010	sectived more triair \$100,	ooo or reportable	•			2
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,	director trusts	00 1	·0\· ·	mn	lovic	o o-	hi~	shoot componented com	lovoo on			.55	
3														Х
	line 1a? If "Yes," complete Schedule J for s											3		
4	For any individual listed on line 1a, is the su	•								-			Ţ	
	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a	· ·				-								37
	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or st	ıch <u>ı</u>	oers	on				<u>  </u>	5		X
<u>Sec</u>	ction B. Independent Contractors  Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	5100.000 of comr	 pensatio	on fro	m	
•	the organization. Report compensation for											0		
	(A)	s caloridar y	- Car C		·9 vv		VVI	<u></u>	(B)			(C	:)	
	Name and husiness	address							Description of s	ervices	Co		') nsati∩r	0

(A)	(B)	(C)
Name and business address	Description of services	Compensation
WISE COACHES, INC.	STUDENT	
1312 CENTRAL CT., HERMITAGE, TN 37076	TRANSPORTATION	1,655,138.
REVOLUTION FOODS		
P.O. BOX 742759, LOS ANGELES, CA 90074	FOOD SERVICE	748,968.
DF CHASE INC, 3001 ARMORY DRIVE, SUITE		
200, NASHVILLE, TN 37204	CONSTRUCTION	704,421.
REPUBLIC SCHOOLS, INC.		
1300 56TH AVE. N., NASHVILLE, TN 37209	BACK OFFICE SERVICES	682,846.
COMPUTER PROS		
1829 JO JOHNSTON AVE., NASHVILLE, TN 37203	TECHNOLOGY SUPPORT	663,890.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization  11		
		000

Form **990** (2019)

Form 990 (2019) REPUBLI
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Officer if Gericadic G contains a response	or riote to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts st	1	a Federated campaigns 1a					
ira		Membership dues 1b					
Ĕ,S		c Fundraising events1c					
# #		d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions)	19,002,929.				
Sig		f All other contributions, gifts, grants, and					
uti Je		similar amounts not included above <b>1f</b>	2,086,363.				
등			_,,				
o d		g Noncash contributions included in lines 1a-1f		21 000 202			
OB		n Total. Add lines 1a-1f	<u></u>	21,089,292.			
			Business Code				
မွ	2	a					
ΘŽ		b					
Program Service Revenue		c					
am		d					
ge		 e					
Pr		All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter-					
	3						
		other similar amounts)					
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	assets other than inventory <b>7a</b>					
		b Less: cost or other basis					
4							
nu		and sales expenses					
š		Gain or (loss)	1				
her Revenue		d Net gain or (loss)	<u> </u>				
her	8	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	1				
		b Less: direct expenses	,				
		Net income or (loss) from fundraising events	•				
		a Gross income from gaming activities. See					
	•						
		Part IV, line 19					
		b Less: direct expenses 9k	<u> </u>				
		Net income or (loss) from gaming activities	<b>P</b>				
	10	a Gross sales of inventory, less returns					
		and allowances <u>10</u>	a				
		b Less: cost of goods sold10	b				
		Net income or (loss) from sales of inventory .	<b>&gt;</b>				
			Business Code				
Snc	11	a					
ne Tue	•	<u> </u>					
≱ Ver							
Miscellaneous Revenue							
Ξ		d All other revenue					
		Total Add lines 11a-11d		21,089,292.	0.	0.	^
	12	Total revenue. See instructions	<b></b>	21,009,292.	U.	<u> </u>	0.
93200	9 01-	0-20					Form <b>990</b> (2019)

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#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,105,544. 10,454,414. 651,130. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 159,035. 1,590,353. 1,431,318. 22 Depreciation, depletion, and amortization ..... 100,111. 90,100. 10,011. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,878,459. RENTAL, LEASES & REPAIR 1,878,459. PROFESSIONAL/CONSULTING 1,642,641. 1,275,666. 366,975. 1,101,701. 1,101,701. TRANSPORTATION 884,592. 931,714. 47,122. OTHER EXPENSES  $2,621,\overline{798}$ SEE SCH O 2,563,413. 58,385. All other expenses 20,972,321. 18,842,193. 2,130,128. 0. Total functional expenses. Add lines 1 through 24e 25 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 (2019)

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,599,267.	1	3,285,692.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			265,442.	4	1,421,977
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied per	rsons (as defined			
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
Ä	9	Prepaid expenses and deferred charges	117,142.	9	179,964.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		22,619,911.	1.0 - 1.0 - 1.0		
	b	Less: accumulated depreciation			18,760,365.	10c	17,678,676.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		1 007 601	14	1 050 066	
	15	Other assets. See Part IV, line 11			1,887,621.	15	1,859,266.
	16	Total assets. Add lines 1 through 15 (must equa			23,629,837.	16	24,425,575.
	17	Accounts payable and accrued expenses			1,829,381.	17	1,348,139.
	18	Grants payable		18	5,001.		
	19	Deferred revenue			19	3,001	
	20	Tax-exempt bond liabilities				20	
	21 22	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subst					
billi		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela			14,423,760.	23	15,379,747.
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	11/125//001	24	13/3/3//1/
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		of Schedule D	-	· · · · · · · · · · · · · · · · · · ·	610,944.	25	809,965.
	26	Total liabilities. Add lines 17 through 25			16,864,085.	26	17,542,852.
		Organizations that follow FASB ASC 958, che					
Ses		and complete lines 27, 28, 32, and 33.		. —			
anc	27	Net assets without donor restrictions			2,429,147.	27	6,882,723.
Bal	28	Net assets with donor restrictions			4,336,605.	28	0.
nd		Organizations that do not follow FASB ASC 9					
·Fu		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,765,752.	32	6,882,723.
	33	Total liabilities and net assets/fund balances			23,629,837.	33	24,425,575.

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u> .				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,0	89,:	<u> 292.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,9				
3	Revenue less expenses. Subtract line 2 from line 1	3			971 <u>.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,7	65,'	752.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	6,8	82,	723.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
			_	Yes	No No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2	b X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?	-	3	a X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		з	b X			
			Fo	rm <b>99</b> 0	(2019)		

932012 01-20-20

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

**Employer identification number** 

\*\*-\*\*\*2540

REPUBLIC SCHOOLS NASHVILLE

Pa	art I	Reason for Public (	Charity Status (	All organizations must co	mnlete th	is nart \ Se	e instructions					
							C III3ti detions.					
	organ	nization is not a private found										
1		A church, convention of ch					)(A)(i).					
2	X	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)						
3	Ш	A hospital or a cooperative					•					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental unit describ	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	一	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe	•	(1)(A)(vi) (Complete Par	+ 11 \							
9	H	•			-	ad in coniu	unation with a land grant	collogo				
9		An agricultural research org				-	-	•				
		or university or a non-land-o	grant college of agrici	ulture (see instructions).	Enter the I	name, city	, and state of the college	e or				
		university:										
10		An organization that norma										
		activities related to its exen		•	` '		• •	ū				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.				
		See section 509(a)(2). (Co	mplete Part III.)									
11	Ш	An organization organized a	and operated exclusi	vely to test for public sat	fety.See	section 50	)9(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to carry out the	purposes of one or				
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in										
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.					
á	a 🗌	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving				
		the supported organization	on(s) the power to red	gularly appoint or elect a	majority o	of the direc	tors or trustees of the si	upporting				
		organization. You must o			, ,							
ŀ	, [	Type II. A supporting org			ion with its	s supporte	d organization(s), by hav	vina				
		control or management o	•					-				
		organization(s). You mus			атте регое	110 11141 001	inor or manage the sup	portod				
,		Type III functionally inte			in connect	tion with a	and functionally integrate	ad with				
(	<i>,</i>							eu wiiri,				
		its supported organization		·				t:(a)				
•		☐ Type III non-functionally					• • • •					
		that is not functionally int	•	• ,	•		•	veness				
		requirement (see instruct	•									
•	• L	_ Check this box if the orga					Type I, Type II, Type III					
		functionally integrated, or	• •	nally integrated supporting	ng organiz	ation.						
1		er the number of supported o										
		vide the following information			(iv) Is the orns	anization listed	(	Late American and a trade and				
	(	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
_								1				

### 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			•			•
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
	First five years. If the Form 990 is for					n 501(c)(3)	
	organization, check this box and stop	p here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□
b	33 1/3% support test - 2018. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and stop I	<b>here.</b> Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	nization	<b>&gt;</b>
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instructions	s <b>&gt;</b>
						dule A (Form 990	

#### 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						L
	ction B. Total Support	Г	T		T	T	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						<del>                                     </del>
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)		<i>.</i>		L	504( )(0)	<u>.</u>
14	First five years. If the Form 990 is for	-			-		
20	check this box and stop here ction C. Computation of Publi						<b>P</b>
	Public support percentage for 2019 (I			oolumn (f))		15	30
	Public support percentage from 2018					16	<u>%</u>
<u>16</u> Se	ction D. Computation of Inves				•••••	1 10 1	70
_	Investment income percentage for 20			ne 13 column (f)		17	%
18	Investment income percentage from					18	<del></del>
	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar						<b>.</b> —
	33 1/3% support tests - 2018. If the						
•	line 18 is not more than 33 1/3%, che	· ·				•	
20	Private foundation. If the organization						

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	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		
Sec	supervised, or controlled the supporting organization.  Stion C. Type II Supporting Organizations			
	alon of Type it 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		163	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	4		
Sec	the supported organization(s). ction D. All Type III Supporting Organizations	<u> </u>		
000	alon b. All Type in cupporting organizations		Yes	No
4	Did the ergenization provide to each of its supported ergenizations, by the last day of the fifth month of the		162	NO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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	_		
800	supported organizations played in this regard.	<u> </u>		
	ction 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)	<b>)-</b>		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С	5 The state of the state	ructions,		· · ·
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by .035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
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	Illy integrate	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	S	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in <b>Part VI</b> ). See instructions.			
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
		,	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:				
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3j			
-	and 4	-			
8		down of line 7:			
		ss from 2015			
		ss from 2016			
		s from 2017			
		ss from 2018			
		ss from 2019			
t	LACES	I I I I I I I I I I I I I I I I I I I			

Schedule A (Form 990 or 990-EZ) 2019

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

REPUBLIC SCHOOLS NASHVILLE

**Employer identification number** \*\*-\*\*\*2540

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form 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
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing consei	rvation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•			(4)(D)(:)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	·	
	organization's accounting for conservation easements.	note to the organization's imancial statement	its that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for pul	•	
	service, provide in Part XIII the text of the footnote to its final	·	•
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		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

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

	t III   Organizations Maintaining C	C SCHOOLS I			asures, or	Other	Similar	Asset	S (contin		age <b>∠</b>
3	Using the organization's acquisition, accessi								- (COITIII	ueu)	
•	collection items (check all that apply):	o.,, aa. o	o, ooo.			ae e.g.					
а	Public exhibition	c	,	Loan or exc	hange progra	m					
b	Scholarly research	e			go p. og. a						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	nev further th	ne organizatio	n's exemr	nt nurnos	e in Part	XIII		
5	During the year, did the organization solicit of							o iii i ai i	. ,		
-	to be sold to raise funds rather than to be ma				*				Yes		No
Par	t IV Escrow and Custodial Arran										,
	reported an amount on Form 990, Pa			, e. ga <b>_</b> a				,			
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on F	Part XIII					]
Par	t V Endowment Funds. Complete	if the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10	).				
		(a) Current year	(b) F	Prior year	(c) Two year	s back (d	d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1	g, column (a)	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment >	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held ar	nd administer	ed for the	organizat	tion	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								. 3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part I\								
	Description of property	(a) Cost or o		. ,	or other		cumulated	b	(d) Book	value	)
		basis (investr	nent)		(other)	depr	reciation		4 ^ ^		
1a	Land				0,000.		05 00			0,00	
b	Buildings				2,515.		05,38		5,707		
	Leasehold improvements				9,547.		93,30			, 24	
	Equipment				5,331.		$\frac{40,76}{01,70}$			1,56	
	Other				2,518.	⊥,∠	01,78	0.	1,100	3 , 6 ;	
I Otal	Add lines 1a through 1e (Column (d) must o	aud Form 000 Port	V colum	nn (D) lina 1	001				. ו ס ו כ	. 0	/ () ·

Schedule D (Form 990) 2019

	(1 01111 990) 2019	TIET OPETO
Part VII	Investments -	Other Securities

Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
1) Financial derivatives	. ,	. ,	
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line :	11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(1)	(-)	(-,	
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes"	on Form 900 Part IV line	11d See Form 990 Part Y line 15	
	Description	11d. dec 1 dilli 330, 1 art X, ilic 13.	(b) Book value
(1) DEPOSITS	Boompton		263,077
(2) PENSION RELATED COSTS			897,194
			698,995
· · ·			000,000
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			1,859,266
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u>: 15.)                                    </u>		1,039,200
	Farma 000 Dart IV lines	11 115 Car Farm 000 Part V line 05	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	(b) Book value
			(b) book value
(1) Federal income taxes			121 010
(2) NET PENSION LIABILITY			431,819
(3) PENSION RELATED COSTS			378,146
(4)			
(5)			
(6)			
(7)			
(8)			
(8)			809,965

Schedule D (Form 990) 2019

Pai	rt XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	per Return.	<b></b>
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	21,089,292.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С				
d		1 4.1		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	21,089,292.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	21,089,292.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	•	s per Returr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV,		1 1	
1	Total expenses and losses per audited financial statements		1	20,972,321.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	Prior year adjustments			
С				
d	, , , , , , , , , , , , , , , , , , , ,	·		0
_	Add lines 2a through 2d			20,972,321.
3	Subtract line 2e from line 1		3	20,972,321.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	<del></del>	10	0
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line			20,972,321.
	rt XIII Supplemental Information.	18.)	3	20/3/2/3210
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1 / Part IV lines 1h and 2h: Part	V line 1: Part V	/ line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		v, iii i	, mic z, r art XI,
	Za ana 45, ana 1 art An, imos Za ana 45.7100 complete trio part to provide	arry additional information.		

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Schools**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

REPUBLIC SCHOOLS NASHVILLE

Employer identification number \*\*-\*\*\*2540

	rt I			
			YES	Т
			ILS	H
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	١.	х	
	other governing instrument, or in a resolution of its governing body?	1	Λ	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		37	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	L
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			l
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	Х	L
	NONDISCRIMINATORY POLICY INCLUDED IN ALL ADVERTISEMENTS AND			
	ENROLLMENT MATERIALS.			
	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4a 4b	X	t
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	40	-22	t
•		1	Х	
	admissions, programs, and scholarships?	4c	X	╀
	One in a fall marketist and builts among in the consequence of the built to a Park and the Renaul			
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	21	
d		40	21	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:	5a	A	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?		A	
a	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?	5a	A	
9	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?	5a 5b	A	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?	5a 5b 5c	A	
a	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?  Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5a 5b 5c 5d		
a	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e 5f		
a	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?	5a 5b 5c 5d 5e		
a b c d e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e 5f 5g		
a co	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g		
a code e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g		
a code e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h		
a code e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5a 5b 5c 5d 5e 5f 5g 5h		
a code e f	If you answered "No" to any of the above, please explain. If you need more space, use Part II.  Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5a 5b 5c 5d 5e 5f 5g 5h	X	

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

Schedule E (Form 990 or 990-EZ) 2019

### 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.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

REPUBLIC SCHOOLS NASHVILLE

Employer identification number \*\*-\*\*2540

Pa	art I 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,			
		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 Compensation survey or study			
	Form 990 of other organizations  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		4a		X
b		4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
		5a		<u>X</u>
D	, , ,	5b		$\overline{}$
6	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:			
•	· ·	6a		х
		6b		X
D	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	JU		-43
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
′		7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		-43
0		8		Х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	3		-43
9		9		

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

Schedule J (Form 990) 2019

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(F) Compensation in column (B)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	perients	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) JONATHAN RYBKA	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	215,721.	0.	0.	0.	16,946.		0.	
(2) GLENN TURTEL	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF FINANCIAL OFFICER	(ii)	138,817.	0.	0.	0.	18,623.	157,440.	0.	
(3) KEVIN HEFFEL	(i)	0.	0.	0.	0.	0.	0.	0.	
CHIEF ACADEMIC OFFICER	(ii)	179,195.	0.	0.	0.	22,591.	201,786.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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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 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Name of the organization

REPUBLIC SCHOOLS NASHVILLE

**Employer identification number** \*\*-\*\*\*2540

REPUBLIC SCHOOLS NASHVILLE	**-***2540
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS REVIEWED BY THE REPUBLIC SCHOOLS, INC'S CFO E	PRIOR TO ISSUANCE.
IT IS ALSO SHARED WITH THE COMPANY'S FINANCE COMMITTEE A	AND THEN THE FULL
BOARD PRIOR TO FILING OF THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INT	TEREST STATEMENT. IF
A CONFLICT OF INTEREST ARISES DURING THE YEAR, IT IS REQ	QUIRED TO BE
DISCLOSED.	
FORM 990, PART VI, SECTION B, LINE 15:	
A REPORT ON INDUSTRY BENCHMARKS FOR PAY IS USED TO GUIDE	E COMPENSATION PLUS
AN ANALYSIS IS DONE WHEN A NEW CEO IS HIRED.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE AVAILABLE UPON REQUEST OR ON OUR WEBSI	ITE AT
HTTP//WWW.REPUBLICHARTERSCHOOLS.ORG/	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENS	SES:
INSTRUCTIONAL:	
PROGRAM SERVICE EXPENSES	765,381.
MANAGEMENT AND GENERAL EXPENSES	5,356.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	770,737.

OPERATION & HOUSEKEEPING SERVICES:

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization  REPUBLIC SCHOOLS NASHVILLE	Employer identification number
PROGRAM SERVICE EXPENSES	730,626.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	730,626.
FOOD SERVICE:	
PROGRAM SERVICE EXPENSES	590,215.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	590,215.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	313,652.
MANAGEMENT AND GENERAL EXPENSES	34,852.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	348,504.
STAFF DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	163,539.
MANAGEMENT AND GENERAL EXPENSES	18,177.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	181,716.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	2,621,798.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED.	

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

REPUBLIC SCR	HOOLS NASHVILLE				~ ~ = ~ ~ ~ Z 5 4 U
Part I Identification of Disregarded Entities. Con	nplete if the organization answered "Ye	es" on Form 990, Part IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
REPUBLIC HIGH SCHOOL, LLC - 32-0456161					
3307 BRICK CHURCH PIKE					REPUBLIC SCHOOLS
NASHVILLE, TN 37207	REAL ESTATE HOLDING	TENNESSEE	1,170,000.	16,315,554	. NASHVILLE
Identification of Related Tax-Exempt Orga	inizations. Complete if the organization	on answered "Yes" on Form 990, Pa	rt IV, line 34, becaus	e it had one or mor	e related tax-exempt

Part II organizations during the tax year.

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	ection entity		(1) 12(b)(13) olled ity?
						Yes	No
REPUBLIC SCHOOLS, INC 46-5280479							
309 WEST MCDOWELL ROAD							
JACKSON, MS 39204	PUBLIC CHARTER SCHOOL	MISSISSIPPI	501(C)(3)	LINE 2	N/A		X

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,	I	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership	
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d	X	<u> </u>
	Loans or loan guarantees by related organization(s)	1e		X
	Dividuals from white decreasing time (a)	40		Х
T	Dividends from related organization(s)	1f	х	
	Sale of assets to related organization(s)	1g	_^_	Х
h	Purchase of assets from related organization(s)	1h	$\vdash$	
İ	Exchange of assets with related organization(s)	1i	$\vdash$	X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	<u> </u>
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11	ш	X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	<u> </u>
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1р		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) REPUBLIC HIGH SCHOOL, LLC	D	11,840,142.	FMV
(2) REPUBLIC HIGH SCHOOL, LLC	K	1,170,000.	FMV
(3) REPUBLIC SCHOOLS, INC.	E	11,840,142.	FMV
(4) REPUBLIC SCHOOLS, INC.	G	39,219.	FMV
(5) REPUBLIC SCHOOLS, INC.	М	831,013.	FMV
(6) REPUBLIC SCHOOLS, INC.	N	42,307.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) REPUBLIC SCHOOLS, INC.	0	789,849.	FMV
(8)			
(9)			
(10)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
_(23)			
(24)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Schedule R (Form 990) 2019

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040