### IRS e-file Signature Authorization QMB No. 1545-0047 Form 8879-TE for a Tax Exempt Entity For calandar year 2021, or fiscal year beginning JUL 1 , 2021, and ending JUN 30 , 20 22 Do not send to the IRS. Keep for your records. Department of the Treasury nternal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer 45-1137291 NASHVILLE CLASSICAL CHARTER SCHOOL Name and title of officer or person subject to tax CHARLES M. FRIEDMAN EXECUTIVE DIRECTOR Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b1 0, 847, 605. Form 990 check here \_\_\_\_\_ > X ta b Total revenue, if any (Form 990-EZ, line 9) 2b Form 990-EZ check here ... > 2a b Total tax (Form 1120-POL, line 22) 3b Form 1120-POL check here За b Tax based on investment income (Form 990-PF, Part V, line 5) Form 990-PF check here ... > 4a b Balance due (Form 8868, line 3c) 5а Form 8868 check here ..... > b Total tax (Form 990-T, Part III, line 4) 6b Form 990-T check here ..... > 6a b Total tax (Form 4720, Part III, line 1) 7b Form 4720 check here \_\_\_\_ > 7a b FMV of assets at end of tax year (Form 5227, Item D) Form 5227 check here ..... > 8a b Tax due (Form 5330, Part II, line 19) 96 Form 5330 check here ..... > \_ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 106 Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🔀 I am an officer of the above entity or 🔲 I am a person subject to tax with respect to (name , (EIN)\_ and that I have examined a copy of the of entity) 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 99999 X | authorize BAKER TILLY US, LLP to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen.

IRS Fed/State program, I will enter my liv on the return's disclosure consent screen.

Date ► 102/21/23

Part III | Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

81349522474

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature > KATHLEEN SCHMIDT

Date > 02/14/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2021)

102521 01-11-22

### EXTENDED TO MAY 15, 2023

## Form **990**

### Return of Organization Exempt From Income Tax

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. and ending JUN 30, 2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021C Name of organization D Employer identification number B Check if applicable Address change NASHVILLE CLASSICAL CHARTER SCHOOL Name change 45-1137291 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 2000 GREENWOOD AVENUE (615) 538-5841 10,847,605. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende NASHVILLE, TN 37206 H(a) is this a group return Applica-F Name and address of principal officer: DAVID WELLS for subordinates? ..... \_Yes 🗓 No pendina SAME AS C ABOVE H(b) Are all subordinates included? Yes If "No," attach a list. See instructions ) (insert no.) 4947(a)(1) or 527 J Website: ▶ WWW.NASHVILLECLASSICAL.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2012 M State of legal domicile: TN Part I Summary 1 Briefly describe the organization's mission or most significant activities: NASHVILLE CLASSICAL EDUCATES A Governance DIVERSE K-8 COMMUNITY. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 88 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 100 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 8,646,103. 10.847.605. Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, line 2g) ..... 8,125. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ō. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 8,654,228. 10,847,605. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,352,003. 5,749,714. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,125,240. 3,507,995. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,477,243. 9,257,709. 1,589,896. 19 Revenue less expenses. Subtract line 18 from line 12 2,176,985. Assets or Balances **Beginning of Current Year** End of Year 5,457,451. 20 Total assets (Part X, line 16) 8,440,189. 21 Total liabilities (Part X, line 26) 661,202. 2,054,044. 4,796,249. 6,386,145. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign CHARLES M. FRIEDMAN, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature KATHLEEN SCHMIDT KATHLEEN SCHMIDT 02/14/23 P01878863 Paid Preparer Firm's name BAKER TILLY US, LLP Firm's EIN > 39-0859910 Firm's address 3655 NOBEL DRIVE, SUITE 300 Use Only SAN DIEGO, CA 92122 Phone no. 858.597.4100 X Yes

May the IRS discuss this return with the preparer shown above? See instructions

No

			CAL CHARTE	R SCHOOL		45-113729	91 Page 2
Pa	rt III Statement of Program Se	rvice Accomp	olishments				
	Check if Schedule O contains a re	sponse or note to	any line in this Part !	[1		<u></u>	
1	Briefly describe the organization's missi						
	TO EDUCATE STUDENTS	THROUGH A	CLASSICAL	CURRICULU	JM AND WI	THIN AN	
	ACHEIVEMENT-ORIENTED						
	ACADEMIC SUCCESS AND						AND
	LIFE.						
2	Did the organization undertake any sign	ificant program se	nvices during the year	which were not li	isted on the		
-			ervices during the year				Yes X No
	If "Yes," describe these new services on						Tes A No
•	Did the organization cease conducting,		ut alaanaan in laaw it				Yes X No
3	_	=	it changes in now it co	onducts, any prog	ram services?		Yes A No
_	If "Yes," describe these changes on Sch						
4	Describe the organization's program ser						
	Section 501(c)(3) and 501(c)(4) organizat		to report the amount	of grants and allo	cations to others	, the total expens	es, and
	revenue, if any, for each program service						<del></del>
4a	(Code:) (Expenses \$6,	109,211.	including grants of \$		) (Revenue	•\$	)
	OPERATION OF A PUBLI	C CHARTER	SCHOOL.				
			-				
							<del></del>
	, ,,						
4b	(Code: ) (Expenses \$	_	including grants of \$		) (Revenue	\$	)
							<del></del>
						***	
		_		_			
						-	
4-	(0.1				\ /-		
4c	(Code:) (Expenses \$	_	including grants of \$		) (Revenue	\$	,
						· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe on Sch						
TU	. co. co.			\ fo		<b>\</b>	
40	(Expenses \$  Total program service expenses ▶	including grants of \$ 6,109	211	) (Revenue \$	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
<del>4e</del>	Total program service expenses	0,103	,411,				000 (2224)
						Fo	rm <b>990</b> (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	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	1	] :	1
	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?			1
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		1	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	] [		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
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		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	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		- 1	
	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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	$\dashv$	<u>X</u>
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		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	$\perp$	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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Form 990 (2021) NASHVILLE CLASSICAL CHARTER SCHOOL

Га	Title Offectifist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			7.
	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			X
	Schedule J	23	<del>                                     </del>	┼≏
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.40	_	<del> </del>
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\dagger$
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			3.1
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	ļ	X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	ll I		
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\ <del></del>
	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		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		x
35 a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	~~		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a, Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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	i lonaria di		Van	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	NO
Za	filed for the calendar year ending with or within the year covered by this return 2a 88			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		W	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			7.7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			-
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			· ·
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			7 191
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Y 77
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the		100	
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44.		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		X
	excess parachute payment(s) during the year?	15		43
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
• •	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069.			

45-1137291 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. **b** Enter the number of voting members included on line 1a, above, who are independent \_\_\_\_\_\_ 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X **b** Each committee with authority to act on behalf of the governing body? X d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >TN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records EDTEC, INC - (615) 763-5950 209 10TH AVE S. SUITE 416, NASHVILLE, TN 37203

132006 12-09-21

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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

(A)	(B)	ı	organization (			(C) Position					(D)	(E)	(F)
Name and title	Average			Pos	itior	1		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson	than is bot	าลก	compensation	compensation	amount of			
	week	offi	icer ar	nd a d	irector/trustee)		tee)	from	from related	other			
	(list any	ector	1					the	organizations	compensation			
	hours for	횽	يو			teg		organization	(W-2/1099-MISC/	from the			
	related	trustee or director	trust			pens		(W-2/1099-MISC/	1099-NEC)	organization			
	organizations below	<del>=</del>	le lo		훒	5 8 5 8	l	1099-NEC)		and related			
	line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations			
(1) CHARLES FRIEDMAN	40.00	=	=	P	¥	± 5	<u> </u>						
EXECUTIVE DIRECTOR	=0.00	1		x				119,362.	0.	0.			
(2) DAVID WELLS	1.00	┢	_	^	$\vdash$	$\vdash$	-	117,302.	0.				
CHAIR		x		х				0.	0.	0.			
(3) SHANI DOWELL	1.00			Ĥ	$\vdash$			0.		0.			
VICE CHAIR	1.00	x		х				0.	0.	0.			
(4) ANDREW MAXWELL	1.00		-		$\vdash$	-		0.	· ·	<u></u>			
SECRETARY	2700	x		$\mathbf{x}$				0.	0.	0.			
(5) SCOTT VAN DUSEN	1.00	<del></del>	_										
TREASURER		x		$\mathbf{x}$				0.	0.	0.			
(6) LAURA ENCALADE	1.00												
MEMBER		$\mathbf{x}$				l		0.	0.	0.			
(7) MARK CATE	1.00				Д								
MEMBER		х						0.	0.	0.			
(8) JAVIER SOLANO	1.00												
PARENT REPRESENTATIVE		Х						0.	0.	0.			
(9) ELIZABETH PALMER	1.00												
MEMBER		X						0.	0.	0.			
(10) CHRISTIAN PARO	1.00												
MEMBER		X						0.	0.	0.			
				_									
		_	_	_									
				- 1									
		_	_			_							
							ŀ						
		_	_	$\dashv$	_	_	<b>-</b>						
;		- 1											
		1	$\neg$	ī		- 1			ĺ				

132007 12-09-21

Form 990 (2021)

Part VII   Section A. Officers, Directors, Tru (A)	(B)				C)			(D)	(E)				
Name and title	Average hours per			heck		1 than is boti		Reportable compensation	Reportable compensation		stimat mount		
	week	offi				or/trus		from	from related	"	other		
	(list any hours for	or director						the	organizations	4	npensa		
	related	90.0	ee ee	ļ		sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		from th ganizat	_	
	organizations	trustee	nstitutional trustee		, vee	Highest compensated employee		1099-NEC)	1033-1420)		gariizai nd relat		
	below	Individual t	attie	 	Кеу етрюуее	hest co	Former			org	janizati	ions	
	line)	2	팔	Officer	Key	喜島	Form			+-			
		Γ											
	<del> </del>			-						+			
<u> </u>	-	L		L									
		ŀ											
	-									+			
					L	_							
		$\vdash$		_	_				<del></del>				
1b Subtotal							_	119,362.	0.	1		0.	
c Total from continuation sheets to Part V								0.	0.			0.	
d Total (add lines 1b and 1c)							_	119,362.	0.			0.	
2 Total number of individuals (including but compensation from the organization	not limited to the	ose i	liste	d ab	ove)	) who	rec	ceived more than \$100,0	000 of reportable			1	
compensation from the organization			•							-	Yes	No	
3 Did the organization list any former officer			•		•		_		•	183			
line 1a? If "Yes," complete Schedule J for	such individual									3		X	
4 For any individual listed on line 1a, is the s											1000	х	
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>	accrue compens	<i>cor</i> satic	npie In fro	te S om a	anv (	<i>auie</i> unrel	<i>J to</i> ate	o <i>r sucn individual</i> d organization or individu	ual for services	4	(/5/2		
rendered to the organization? If "Yes." con										5_		Х	
Section B. Independent Contractors				4	_								
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>		-							· ·	ation ire	om		
(A)								<b>(</b> B)		((			
Name and business  GREY LINE OF TENNESSEE	adoress						+	Description of se	rvices	Compe	nsation	1	
3009 DICKERSON PIKE, NASI	WILLE, !	ΓN	37	720	7		E	BUS SERVICES	İ	24	2,58	37.	
								-					
	<u></u>	.=-					+						
							$\perp$						
						_	+						
2 Total number of independent contractors (i \$100,000 of compensation from the organi		t lim	ited	to th	nose 1	e liste	ed a	above) who received mor	e than				
					_					Form !	9 <b>90</b> (2	021)	

Form 990 (2021)
Part VIII 8

Statem	ent	of I	Rev	renu	e
--------	-----	------	-----	------	---

			Check if Schedule O contains a	response	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
150 o	Ţ.	1 a	Federated campaigns	1a				THE SHE IN	
Contributions, Gifts, Grants and Other Similar Amounts	1	b		1b					
خ ق	3		• • • • • • • • • • • • • • • • • • • •	1c	-		-128 77 mg/T		85 Um
iffs,	9		Related organizations	1d					
<u> </u>				1e	8,956,594.		<b>通讯的外汇的</b>		
Sign	1		All other contributions, gifts, grants, and					10 to 10 to	
ŧ,	2	•	similar amounts not included above	1f	1,891,011.				
운동	3	_		1g \$				El Sur Ale	
Ö	1		Total. Add lines 1a-1f			10,847,605.			
0 0	1	- 11	Total, Add lines 1a-11		Business Code	10,047,003.			
	١,				Busiless Code				
ڎۣ	*	2 a	· ·		-				
Program Service Revenue		b							
Sec		C							
Pa	1	ď							
Ď.		е							
Δ.		f	All other program service revenue						
	├-	_9							
	3	3	Investment income (including divider						
			other similar amounts)						
	4	ŀ	Income from investment of tax-exem		_				
	5	5	Royalties						
				Real	(ii) Personal				
	6	a	Gross rents 6a					F. W. SHE	
		b	Less: rental expenses 6b						
		C	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	a	Gross amount from sales of (i) Se	curities	(ii) Other	THE RESERVE OF THE	The second second		
			assets other than inventory 7a						
		b	Less: cost or other basis						
æ			and sales expenses7b			ACCT SECOND			
ē		C	Gain or (loss) 7c						
Other Revenue			Net gain or (loss)		•				
<u>a</u>	В		Gross income from fundraising events (n			The second second	SALVE LUIS		
듄		_	including \$						
_			contributions reported on line 1c). Se						
			Part IV, line 18	*   .			BATT TO ART	7 10 17 17 19	
		h	Less: direct expenses						
			Net income or (loss) from fundraising				1995		
	١.		Gross income from gaming activities.			Contract to the			
	3	a	Part IV, line 19						
		<b>.</b>	Less: direct expenses			T. PLOT LA L. L.	REMARKS TO STATE	The second	
			Net income or (loss) from gaming act						
	40								
	IU	а	Gross sales of inventory, less returns						
			and allowances				<b>在1999年人</b> 在	F-3 (1989)	
			Less: cost of goods sold					7 ·	
		C	Net income or (loss) from sales of inve	entory					
2					Business Code				
Miscellaneous Revenue	11			<del></del>					
		þ							
98		C	Au						
Ξ̈́			All other revenue						
-			Total, Add lines 11a-11d		W. 10 10 10 10 10 10 10 10 10 10 10 10 10	40 545 555			
	12		Total revenue. See instructions		<b></b>	10,847,605.	0.	0.	0.
132009	12	-09-2	21						Form <b>990</b> (2021)

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1			0/(0011000	goriora oxponioso	
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	119,362.	119,362.		
6	Compensation not included above to disqualified		·		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,630,352.	4,616,884.	1,013,468.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
þ	Legal				
C	Accounting				
þ	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel  Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	54,117.		54,117.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	203,462.	,	203,462.	
23	Insurance				·
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	PROFESSIONAL/CONSULTING	1,829,018.	581,876.	1,247,142.	
b	RENTAL, LEASES & REPAIR	534,709.		534,709.	
C	INSTRUCTIONAL MATERIALS	465,145.	465,145.		
ď	STUDENT SERVICES TRANS	286,475.	286,475.		
e	All other expenses	135,069.	39,469.	95,600.	
25	Total functional expenses. Add lines 1 through 24e	9,257,709.	6,109,211.	3,148,498.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

					(A) Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing			3,965,868.	1	4,551,875
	2	Savings and temporary cash investments			,	2	
	3	Pledges and grants receivable, net				3	
	4				219,085.	4	605,363
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
υş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ą	9	Description and defended about			36,855.	9	59,301
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,795,341.			
	b	Less: accumulated depreciation	10b	1,420,691.	373,729.	10c	374,650
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			861,914.	15	2,849,000
	16	Total assets. Add lines 1 through 15 (must eq			5,457,451.	16	8,440,189
	17	Accounts payable and accrued expenses			100,061.	17	38,269
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
8	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
- 1		Secured mortgages and notes payable to unrel			179,335.	23	737,280
		Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	s 17-24). C	Complete Part X	201 205		4 050 405
ı		of Schedule D			381,806.		1,278,495.
$\dashv$	26	Total liabilities. Add lines 17 through 25			661,202.	26	2,054,044
ایر		Organizations that follow FASB ASC 958, ch	eck here				
<u> </u>		and complete lines 27, 28, 32, and 33.			2 044 040		4 562 200
Net Assets of Fund Balances					3,844,949.	27	4,563,329.
		Net assets with donor restrictions			951,300.	28	1,822,816.
		Organizations that do not follow FASB ASC 9					
5		and complete lines 29 through 33.			_		
2		Capital stock or trust principal, or current funds			29		
<u> </u>		Paid-in or capital surplus, or land, building, or e				30	
:		Retained earnings, endowment, accumulated in			4,796,249.	31	6,386,145.
ž	32	Total liabilities and set seests if and belonges			5,457,451.	32	8,440,189
	33	Total liabilities and net assets/fund balances	**********		J, =J!, =J±•	33	Form <b>990</b> (202

	m 990 (2021) NASHVILLE CLASSICAL CHARTER SCHOOL	<u>45-</u>	<u>-1137:</u>	<u> 291</u>	_ Pa	<sub>age</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	4	10	,84	7,6	505.
2	Total expenses (must equal Part IX, column (A), line 25)	2				709.
3	Revenue less expenses. Subtract line 2 from line 1	3				396.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				249.
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	, 38	6,1	45.
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
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			28		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		1/4		
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche			4.7		
<b>3</b> a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing		it	- 1		
	Act and OMB Circular A-1337		L	3a	X	<u> </u>
b	If "Yes," dld the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t	l		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	
			1	Form	990	(2021)

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number 45-1137291 NASHVILLE CLASSICAL CHARTER SCHOOL Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed n your governing document? (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(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.)

Se	ction A. Public Support									
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Gifts, grants, contributions, and	1	,	, , ,						
	membership fees received. (Do not		ir							
	include any "unusual grants.")					İ				
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					<u> </u>				
٠	furnished by a governmental unit to	ļ								
	the organization without charge	1			1					
4	T 1.1 Add the a 4 the access 0									
4	The portion of total contributions									
5	by each person (other than a									
	· · · · · · · · · · · · · · · · · · ·			961						
	governmental unit or publicly									
	supported organization) included			The second second						
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
_	column (f)						<del>_</del> .			
	Public support. Subtract line 5 from line 4.	OTHER SECTION								
	ction B. Total Support			T	I	<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on					]				
	securities loans, rents, royalties,					İ				
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the				ł					
	business is regularly carried on									
10	Other income. Do not include gain	7								
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10		identify the	DATE OF		ME CHANG				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for the	ie organization's fil	st, second, third, i	fourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stop			*		***************************************	<u>▶</u>			
	tion C. Computation of Publi		<del>-</del>			1 7				
	Public support percentage for 2021 (li					14	<u>%</u>			
	Public support percentage from 2020					15	%			
16a	33 1/3% support test - 2021. If the o	-					-			
	stop here. The organization qualifies	as a publicly supp	orted organization				▶∟			
b	33 1/3% support test - 2020. If the c	_		•		•				
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	ınd line 14 is 10% o	r more,			
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization					
b	10% -facts-and-circumstances test	- <b>2020.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or			
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	<b>op here. E</b> xplain i	n Part VI how the				
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	ilifies as a publicly	supported organiz	ation				
18	Private foundation. If the organizatio	n did not check a t	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instructions	<b>&gt;</b>			
						Schedule A (	Form 990) 2021			

# Schedule A (Form 990) 2021 NASHVILLE CLASSICAL CHARTER SC 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	ection A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and					197=5-	(1)   D.G.
	membership fees received. (Do not		1	}			
	include any "unusual grants.")						
2	Gross receipts from admissions,					<u> </u>	
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	Ì					
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	}				1	
	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						
	a Amounts included on lines 1, 2, and				·-		
	3 received from disqualified persons						
į	Amounts included on lines 2 and 3 received				† ·		
	from other than disqualified persons that					1	
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						_
Cale	ndar year (or tiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6		, <u>,</u>	1-7	(4,,	(0) = 0 = 1	(i) rotal
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,				İ	1	
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses		i				
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	The state of the s			_			
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain					· · ·	
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization's fire	st, second, third, fo	ourth, or fifth tax y	ear as a section s	501(c)(3) organizatio	n,
	check this box and stop here	************************					
	tion C. Computation of Public	Support Perc	centage				
15	Public support percentage for 2021 (lin	ie 8, column (f), di	vided by line 13, co	olumn (f))		15	%
16	Public support percentage from 2020	Schedule A, Part II	II, line 15			16	%
	tion D. Computation of Invest						
17	Investment income percentage for 202	11 (line 10c, colum	n (f), divided by lin	e 13, column (f))		17	%
18	Investment income percentage from 2	<b>020</b> Schedule A, F	Part III, line 17			18	- %
19a	33 1/3% support tests - 2021. If the o	organization did no	ot check the box o	n line 14, and line	15 is more than 3		is not
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests - 2020. If the c						
	line 18 is not more than 33 1/3%, check						▶□
20	Private foundation. If the organization	did not check a b	ox on line 14, 19a,	or 19b, check this	s box and see ins	tructions	▶□
32023	3 01-04-22					Schedule A	(Form 990) 2021

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Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2	ļ	
3a		
3b		
3c	-	
- 00		
4a		
48		
	3.4	
1260		
4b		
13 % = 1		
12000		
4c_		
5a		
Ja		
51.		
_ 5b	-+	
<u>5c</u>		
13.83		
	A = (	
6		
7		
12.00		
8		
	11.3	
9a		
9b		
9c		
	7.3	
10a		
iva		
100		
10b		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

2b

За

these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Schedule A (Form 990) 2021

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

5

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Sec	tion D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	1	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		1 1	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
_	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
	From 2017				
	From 2018				
	From 2019				white and
	From 2020				THE PARTY OF
	Total of lines 3a through 3e				and the second
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i					
÷	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
•	line 7: \$			two is	
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
J	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				ii alka erika e
7	and 4c.				
ρ.					
8_					
	Excess from 2017 Excess from 2018				
	Excess from 2019 Excess from 2020				
	EXCHAS II OTT ZUZU				

Schedule A (Form 990) 2021

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

**Supplemental Financial Statements** 

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NASHVILLE CLASSICAL CHARTER SCHOOL

Employer identification number 45-1137291

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v		sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes N
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes N
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	rcture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation easi	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	tion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial stateme	ents that describes the
D	organization's accounting for conservation easements.	Ant Historiaal Transcrives on Ot	ihay Circilay Assats
rai	t III Organizations Maintaining Collections of		iner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publications and the first state of the first	·	•
	service, provide in Part XIII the text of the footnote to its finance		
D	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		<b>.</b> .
_		ay you are they almitey agosts for financial	
2	If the organization received or held works of art, historical treat		gain, provide
_	the following amounts required to be reported under FASB AS	•	▶ ¢
	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2021

10570	dule D (Form 990) 2021 NASHVIL TIII   Organizations Maintaining C	LE CLASSIC							<u>37291</u>	
	Using the organization's acquisition, access								(continu	ied)
3	collection items (check all that apply):	ion, and other record	аѕ, спесн	cany or une i	Ollowing that	t make sigi	rillicarii c	ise of its		
	Public exhibition		d $\square$	Loan or eyo	hange progra	am				
a	Scholarly research		ïH		nange progn					
b	Preservation for future generations		• 🗀	Other						
C A	Provide a description of the organization's or	ollections and evolution	in how th	ov further th	e organizatio	nn's evern	nt numas	se in Part	XIII	
4	During the year, did the organization solicit of							SÇ IIII GIL	жи.	
5	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran									110
1 4	reported an amount on Form 990, Pa		iere ii uie	o gariizatio	ii aiisweieu	163 0111	Onn 550	, , , ,	c 5, 6.	
	Is the organization an agent, trustee, custod		diary for	contributions	s or other ass	sets not in	cluded			
ıa	on Form 990, Part X?								Yes	□ No
h	If "Yes," explain the arrangement in Part XIII									
•	n roo, explain are an argument in recom-	a							Amount	
c	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F						?		Yes	No
	If "Yes," explain the arrangement in Part XIII.								• • • • • • • • • • • • • • • • • • • •	
Pai										
		(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance		<u> </u>							
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	g, column (a)	) held as:					
a	Board designated or quasi-endowment	•	%							
	Permanent endowment	%								
		<del></del>								
	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	t are held an	d administer	ed for the	organiza	tion		
	by:	_							\	es No
	(i) Unrelated organizations					<b></b>			3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulate	d	(d) Book	value
		basis (invest	ment)	basis (	(other)	depr	eciation			
1a	Land									
b	Buildings			59	2,797.	5:	92,79	8.		<u>-1.</u>
	Leasehold improvements									
ď	Equipment				1,157.		09,27			,885.
<u>e</u>	Other			96	1,387.	63	18,62	21.		<u>,766.</u>
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. colun	n (B). line 10	)c.)			<b>&gt;</b>	<u> 374</u>	,650.

Schedule D (Form 990) 2021

Schedule 5 4 1	D I	(Form	990)	<u> 2021</u>

Part VII	Investments - Other Securities.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b, See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	·	
m		

### | Part VIII | Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		The state of the s
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PENSION RELATED COSTS	679,935.
(2) PENSION ASSET	1,236,801.
(3) STABILIZATION TRUST ACCOUNT	211,365.
(4) RIGHT TO USE ASSETS	720,899.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 2,849,000.

### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal in	ncome taxes	
(2) PENSI	ON RELATED COSTS	1,242,063. 36,432.
(3) OTHER	CURRENT LIABILITIES	36,432.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b)	) must equal Form 990. Part X. col. (B) line 25.)	▶ 1,278,495.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132054 10-28-21

### **SCHEDULE E**

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

2021

Open to Public Inspection

NASHVILLE CLASSICAL CHARTER SCHOOL

Employer identification number 45-1137291

bylaws, other govern  2 Does the organization	ion have a racially nondiscriminatory policy toward students by statement in its charter, rning instrument, or in a resolution of its governing body? ion include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
2 Does the organization	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de			1
	ion include a statement of its racially nondiscriminatory policy toward students in all its brochures	1_	X	—
catalogues, and other				
	ner written communications with the public dealing with student admissions, programs, and scholarships?	2	X	<u> </u>
	on publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	nes during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	ugh newspaper or broadcast media during the period of solicitation for students, or during the			
	f it has no solicitation program, in a way that makes the policy known to all parts of the general		x	
NONDTSCRTM	s? If "Yes," please describe. If "No," please explain. If you need more space, use Part II IINATORY POLICY INCLUDED IN ALL ADVERTISEMENTS,	3	_	1
	MATERIALS, AND OUR CHARTER BYLAWS.			11.1
THE COLUMN T	MATERIAND, AND COR CHARTER DIDANG.			
_				
4 Does the organization	on maintain the following?			
_	the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	ing that ash sleveling and other financial assistance are considered as a variable sensitive to the indicate of	4b	X	<del>                                     </del>
	gues, brochures, announcements, and other written communications to the public dealing			$\vdash$
	sions, programs, and scholarships?	4c	x	
	al used by the organization or on its behalf to solicit contributions?	4d	X	
	o" to any of the above, please explain. If you need more space, use Part II.	10.00		
				1214
	on discriminate by race in any way with respect to:			
a Students rights or pr	privileges?	5a		X
b Admissions policies?	?	5b		X
c Employment of facult	lty or administrative staff?	5c		X
g Scholarships or other	er financial assistance?	5d		X
Educational policies?	?	5e		X
a Athletic programs?		5f		X
b Other extraourrigular	r antiviting?	5g		x
If you answored "Vee	r activities? s" to any of the above, please explain. If you need more space, use Part II.	5h		
ii you alloweled 165	s to any of the above, please explain, if you need fliore space, use Part II.			
			-8	
6a Does the organization	on receive any financial aid or assistance from a governmental agency?	6a		X
	s's right to such aid ever been revoked or suspended?	6b		X
	s" on either line 6a or line 6b, explain on Part II.		11 T	
	on certify that it has complied with the applicable requirements of sections 4.01 through			
	5-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

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

Schedule E (Form 990) 2021

art II	(Form 990) 2021 NASHVILLE CLASSICAL CHARTER SCHOOL  Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7,	45-1137291 Pa
	applicable. Also provide any other additional information.	as
	approade. The provide any enter additional intermedial.	
		_ "
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		<u>-</u>

### **SCHEDULE 0** (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization NASHVILLE CLASSICAL CHARTER SCHOOL 45-1137291 FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED AND APPROVED BY THE BOARD BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY WHICH INCLUDES THE POLICY GUIDELINES AND EXPECTATIONS FROM THE BY-LAWS, INCLUDING NOTIFICATION OF ANY MID-YEAR CHANGES. FORM 990, PART VI, SECTION C, LINE 19: ALL BOARD MEETING MINUTES ARE POSTED ON THE SCHOOL'S WEBSITE, IN ADDITION TO THE CURRENT FISCAL YEAR BUDGET, BOARD CONTACT INFORMATION, GOVERNING DOCUMENTS, CHARTER AGREEMENT AND BOARD CALENDAR. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED.

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Asset No.	Description	Date Acquired	Method	Life	Coc>	Unadjusted Cost Or Basis	Bus 8 % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS											l		
14	BUILDING IMPROVEMENTS	12/31/15	SL	5.00	16	241,479.				241,479.	241,479.		0.	241,479.
19	BUILDING IMPROVEMENTS * 990 PAGE 10 TOTAL	07/01/16	IS	5.00	16	351,318.				351,318.	345,464.		5,855.	351,319.
	BUILDINGS					592,797.				592,797.	586,943.		5,855,	592,798
	FURNITURE & FIXTURES													
₽	FURNITURE	08/13/13	J.S.	5,00	16	14,180.				14,180.	14,180,		0.	14,180.
~	FURNITURE	07/01/14	SI	5.00	16	17,085.				17,085.	17,085.		0.	17,085.
m	FURNITURE	08/22/14	SI	5.00	16	166.				166.	166.		0.	166,
4	FURNITURE	09/08/14	SI	5.00	16	349.				349.	349.		°	349,
īU	FURNITURE	11/18/14	SL	5.00	19	426.				426.	426.		.0	426.
9	FURNITURE	12/31/14	SI	5,00	16	240.				240.	240.		.0	240.
7	POSTERMAKER	10/25/14	SI	5,00	9	5,794.				5,794.	5,794.		0	5,794.
15	FURNITURE & FIXTURES	12/31/15	SI	5.00	16	14,411.				14,411.	14,411.		0	14,411.
18	FURNITURE & FIXTURES	07/01/16	SL	5.00	91	16,940.				16,940,	16,940.		0.	16,940.
20	STUDENT FURNITURE	07/08/17	SI	5.00	16	7,602.	-			7,602.	6,686.		916.	7,602.
21	Desks	07/14/17	SI	5.00	76	5,784.				5,784.	5,127.		657,	5,784.
22	MINI SPLIT	02/26/18	TS	5.00	16	7,270.				7,270.	4,922.		1,483.	6,405.
27	27 FURNITURE	07/01/19	SL	5,00	16	26,423.				26,423.	10,682,		5 397	16 079

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# 2021 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	No.s.	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
28	FURNITURE	07/01/19	ısı	5.00	16	17,229.				17,229.	6,962.		3,519.	10,481
33	FURNITURE	07/01/20	SL	5.00	16	8,397.				8,397.	1,680.		1,679.	3,359
3.5	FURNITURE	07/01/21	SI	5.00	1.6	26,876.				26,876.			4,249.	4,249
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					169,172.				169,172.	105,650.		17,900.	123,550,
	machinery & equipment													
æ	COMPUTERS	06/29/13	SL	3,00	16	11,934.				11,934.	11,934.		0.	11,934
o)	COMPUTERS	10/25/13	J.S.	3,00	16	1,232.				1,232.	1,232.		.0	1,232
10	VGA PORTABLE CAMERA	05/17/14	SL	3,00	16	10,002.				10,002.	10,002,		0.	10,002
11	VARIOUS EQUIPMENT	07/01/14	SL	3,00	16	8,352.				8,352.	8,352.		0.	8,352
13	SAMSUNG CHROMEBOOK	07/04/14	ST	3,00	16	9,006.				900'6	9,006.		0.	900'6
13	COMPUTER PROS	09/30/14	SL	3.00	16	1,133.				1,133.	1,133.		.0	1,133
17	COMPUTERS	07/01/16	SL	3.00	16	28,829.	žħ.			28,829.	28,829.		0.	28,829
23	COMPUTERS	07/01/17	SL	3.00	16	26,907.				26,907.	26,907.		0.	26,907
24	MACBOOK AIR	07/03/17	SL	3.00	16	5,060.				5,060.	5,060.		0.	5,060
25	LENOVO CHROMEBOOK	09/01/17	18	3.00	16	10,071.				10,071.	10,071.		0.	10,071
26	COMPUTERS	12/31/18	TS	3,00	16	38,424.				38,424.	37,893.		531,	38,424
29	COMPUTER EQUIPMENT	07/01/19	SL	3,00	16	45,812.				45,812.	30,542.		15,270.	45,812
30	COMPUTER EQUIPMENT	04/01/20	5	200	4	7	W			1	,			

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# 2021 DEPRECIATION AND AMORTIZATION REPORT

LOW 200 ENGS TO					3.									
Description	Date Acquired	Method	Life	Noc>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
36 COMPUTERS	07/01/21	SL	3.00	16	39,235.				39,235,			8 640	8 640	
* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					241 157					7				
ОТНЕК									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.011,501		.20,162.	209, 272.	
16 LEASEHOLD IMPROVEMENTS	VARIOUS	SI	5.00	16	369,925.				369,925.	216,246.		67,009.	283,255.	
31 LEASEHOLD IMPROVEMENTS	08/01/19	IS	4,00	16	251,715.				251,715.	125,279.		62,929.	188,208.	
34 LEASEHOLD IMPROVEMENTS	07/01/21	SL	2,00	16	55,810.				55,810.			23,608.	23,608.	
37 CONSTRUCTION IN PROGRESS	07/01/21	NC	000.	X.H	114,765.				114,765.			0.		
* 990 PAGE 10 TOTAL OTHER					792,215.				792,215.	341,525.		153,546.	495,071.	
DEPR					,795,341.				1,795,341.3	,217,228.		203,463.	.,420,691.	
CURRENT YEAR ACTIVITY														
BEGINNING BALANCE				<b>, 1</b>	558,655.				1,558,655,1	,217,228.			,384,194.	
ACQUISITIONS					236,686.			0.	236,686.	·			36,497.	
DISPOSITIONS/RETIRED					0.			0		ő			0.	
ENDING BALANCE					,795,341.				.,795,341.1	,217,228.			,420,691.	
ENDING ACCUM DEPR										,420,691.				
ENDING BOOK VALUE										374,650.				
		d												

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# Form **4562**

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property) 990

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

2021

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates NASHVILLE CLASSICAL CHARTER SCHOOL FORM 990 PAGE 10 45-1137291 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,050,000. 1 Maximum amount (see instructions) ..... 2 2 Total cost of section 179 property placed in service (see instructions) 2,620,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions (b) Cost (business use only) (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 15 Property subject to section 168(f)(1) election 203,463. 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2021 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and (d) Recovery period (e) Convention (a) Depreciation deduction (a) Classification of property only - see instructions) 3-year property 19a b 5-year property 7-year property C 10-year property h 15-year property 20-year property f 25 yrs. S/L 25-year property g 27.5 yrs. MM S/L Residential rental property MM S/L 27.5 yrs. MM S/L 39 vrs. i Nonresidential real property ММ S/L Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System Class life S/L 20a 12-year 12 yrs. S/L ь 30-year 30 yrs. MM S/L C 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 203,463. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the

116252 12-21-21

43 Amortization of costs that began before your 2021 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

43