

Form	990
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Department of the Treasury

Internal Revenue Service

### \*\* PUBLIC DISCLOSURE COPY \*\*

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.

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

OMB No. 1545-0047

Α	For th	e 2017 calendar year, or tax year beginning and	d ending		
	Check if applicab	e: C Name of organization		D Employer identified	cation number
Г	Addre	TENNESSEE CHARTER SCHOOL CENTER			
F	Name			27-1	799465
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
F	Final	209 10TH AVENUE SOUTH	416		401-7222
	terminated			<b>G</b> Gross receipts \$	518,465.
Г	Amen return			H(a) Is this a group re	
	Applie			for subordinates	
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates in	
1	Tax-ex	empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1)	or 52		list. (see instructions)
		te: WWW.TNCHARTERCENTER.ORG		H(c) Group exemption	· · · · · ·
ĸ	Form o	forganization: X Corporation Trust Association Other ►	L Yea		I State of legal domicile: TN
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: $\underline{TO}$	UPPOR'	T AND CULTIVA	ATE
Governance		HIGH-PERFORMING PUBLIC CHARTER SCHOOLS AN	ND ADV	OCATE FOR AU	TONOMY,
nai	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net ass	ets.
Nel	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
		Number of independent voting members of the governing body (Part VI, line 1b)			12
s So	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		0	
/itie	6	Total number of volunteers (estimate if necessary)		12	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
_	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
۵ ۵	8	Contributions and grants (Part VIII, line 1h)		3,162,786.	360,000.
nu	9	Program service revenue (Part VIII, line 2g)		58,900.	40,908.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,304.	5,581.
<u>م</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		76,265.	111,976.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,304,255.	518,465.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		644,373.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,122,846.	986,319.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
adx	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		754,161.	832,837.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,521,380.	1,819,156.
	19	Revenue less expenses. Subtract line 18 from line 12		782,875.	-1,300,691.
OC	CER		В	eginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	L	2,712,753.	1,371,892.
	21	Total liabilities (Part X, line 26)		59,146.	18,976.
ER 1	22	Net assets or fund balances. Subtract line 21 from line 20		2,653,607.	1,352,916.
Pa	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare/	r has any knowledge.	

Sign	Signature of officer		Date					
Here	MAYA BUGG, CEO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	STEPHEN T. DOLAN		self-employed <b>P00666397</b>					
Preparer	Firm's name 🕒 CHERRY BEKAERT L		Firm's EIN ► 56-0574444					
Use Only	Firm's address 3310 WEST END AV	ENUE, SUITE 550						
	NASHVILLE, TN 37	Phone no. 615-383-6592						
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)							
732001 11-2	32001 11-28-17LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2017)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2017) TENNESSEE CHARTER SCHOOL CENTER 27-1799465 Page	<b>₂ 2</b>
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO SUPPORT AND CULTIVATE HIGH-PERFORMING PUBLIC CHARTER SCHOOLS AND	
	ADVOCATE FOR AUTONOMY, ACCOUNTABILITY, AND CHOICE IN PUBLIC EDUCATION	
	IN TENNESSEE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	ło
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	10
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 427,803. including grants of \$ ) (Revenue \$	
4a	(Code:) (Expenses \$427,803. including grants of \$) (Revenue \$) THE TENNESSEE CHARTER SCHOOL CENTER (TCSC) IS PLAYING A CRITICAL ROLE	_)
	IN PROVIDING TECHNICAL SUPPORT TO NEW AND HIGH-QUALITY PUBLIC CHARTER	
	SCHOOLS IN TENNESSEE AND ADVOCATING FOR POLICIES AT THE LOCAL AND STATE	
	LEVEL IN AN EFFORT TO ENABLE PUBLIC CHARTER SCHOOLS TO GROW AND OPERATE	
	SUCCESSFULLY. TCSC PROVIDED TECHNICAL ASSISTANCE TO AND SUPPORTED THE	
	DEVELOPMENT AND LAUNCH OF TWO CHARTER SCHOOL FELLOWS IN MEMPHIS	—
	(KALEIDOSCOPE FOUNDED BY TCSC FELLOW, ALICE HENRY; GATEWAY UNIVERSITY,	
	FOUNDED BY TCSC FELLOW SOSEPRIALA DEDE).	
	TCSC MONITORED 85 BILLS DURING THE 2017 LEGISLATIVE SESSION AND HELPED	
	CRAFT THE HIGH QUALITY SCHOOLS ACT OF 2017. MORE THAN 20 POLICYMAKERS	
	ACROSS THE STATE, FROM COUNTY COMMISSIONERS TO MEMBERS OF THE TENNESSEE	
4b	(Code:) (Expenses \$ 1,306,325. including grants of \$) (Revenue \$ 152,884.	<u>,</u> )
	SUPPORTING HIGH QUALITY SCHOOLS	
	TCSC ACHIEVED 100% STATE COMPLIANCE FOR BOARD AND GOVERNANCE.	—
	TCSC RECRUITED AND TRAINED MORE THAN 55 CORPORATE AND COMMUNITY LEADERS	
	TO SERVE IN VACANT BOARD LEADERSHIP ROLES FOR CHARTER SCHOOLS ACROSS	
	THE STATE AS PART OF TCSC'S BOARD LEADERS OF COLOR COLLABORATIVE	
	(BLOCC) INITIATIVE HELPING BRING DIVERSITY TO SCHOOL BOARDS ACROSS THE	
	STATE.	
	MORE THAN 20 STUDENTS, PARENTS, AND COMMUNITY MEMBERS CAME TOGETHER TO	
	LEARN MORE ABOUT DEVELOPING HIGH QUALITY CHARTER SCHOOLS THROUGH THE	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_ )
		—
		—
4d	Other program services (Describe in Schedule O.)	
4-	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ► 1,734,128.	
40	Total program service expenses ► 1,734,128.	1171
		17)

<u>Form 990 (</u>			-	SCHOOL	CENTER
Part IV	Ch	ecklist of Required Schedu	lles		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<b>–</b>		
J	similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<b>–</b>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7				- 23
'	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	<b>-</b>		- 23
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		
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?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		- <b>v</b>
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		x

Form 990 (20				CENTER
Part IV C	checklist of Required Schedu	lles (continued	)	

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Pa	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>1</b> a	42	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
	(gambling) winnings to prize winners?			1c	X	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		<b> </b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	ty over, a		ſ	
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	ıt)?	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 A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	ne orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		X
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w				ſ	
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	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:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 <sup>·</sup>	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the construction of the construction of the four description of the description of the terms of the second sec		·	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		

TENNESSEE CHARTER SCHOOL CENTER

27-1799465

Page 5

#### TENNESSEE CHARTER SCHOOL CENTER

27-1799465 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		x
Sec	tion 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		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in 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	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright { m TN}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable	•	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	$\frac{\text{BRADLEY JONES} - 615 - 345 - 0204}{102 \text{ MOODMONED JUDE CERTE 2000}}$			
	102 WOODMONT BLVD, STE 206, NASHVILLE, TN 37205			

Part VII	Со	mpensation of O	fficers,	Directors,	Trustees,	Key Employees,	Highest	Compensa	ted
	Em	ployees, and Ind	lepende	nt Contra	ctors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per	Position (do not check more than one box, unless person is both an			than o		Reportable compensation	Reportable compensation	Estimated amount of	
	week		cer an					from	from related	other
	(list any	ector						the	organizations	compensation
	hours for related	Individual trustee or director	ee			Highest compensated employee		organization	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trust		/ee	npens		(W-2/1099-MISC)		and related
	below	dual t	Institutional trustee		Key employee	st col	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			U
(1) GREG THOMPSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(2) BILL DELOACHE	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) J. R. HYDE III	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) CHARLES GERBER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) TOWNES DUNCAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JOHN EASON	1.00									
SEC/TREASURER		Х		Х				0.	0.	0.
(7) RANDY DOWELL	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) DERWIN SISNETT	1.00								•	
BOARD MEMBER	1 00	X						0.	0.	0.
(9) LAGRA NEWMAN	1.00								0	
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) ELAINE SWAFFORD	1.00	v							0	
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) JACK VUYLSTEKE BOARD MEMBER	1.00	x						0.	0.	0.
(12) ROBIN WEBB	1.00	~						0.	0.	<u> </u>
BOARD MEMBER	1.00	x						0.	0.	0.
(13) MAYA BUGG	40.00	Δ						0.	0.	0.
CEO				x				175,825.	0.	26,501.
(14) CAMERON QUICK	40.00			~1				1,5,025.	0.	20,3010
DIRECTOR OF OPERATIONS	10.00				x			102,776.	0.	27,359.
									<b>.</b>	
		1								
		1								
										000

	<u>990 (2017)</u> <b>TENNESSEE</b>	E CHARTE	R	SC	HO	OL	ı C	EN	ITER	27-179	99465	) F	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	loy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box offic	not cl , unles	Pos heck i ss per	rson i	than c s both r/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from related	on amoun		of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	)   01   a	compensa from th organizat and relat organizat	
			<u> </u>	<u> </u>	0	Ÿ	Ε	9					
											_		
											_		
С	Sub-total Total from continuation sheets to Part VII	, Section A							278,601. 0. 278,601.	C	).	53,8	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							o re		-	<u>,                                     </u>	<u>,,,,</u>	2
												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-				•	•		•		3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization		x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services	. 5		x
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest con the organization. Report compensation for t										nsation f	rom	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices (C) Compensation			
2	Total number of independent contractors (ir \$100.000 of compensation from the organiz		ot lin	nited	l to f	thos (		ted	above) who received mo	ore than			

Form	n 990 (2	2017) <b>TENNE</b>	SSEE CHA	RTER SCHO	OL CENTER		27-1799	465 Page 9
Pa	rt VII	Statement of Reven	nue					
		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
ΩĞ	с	Fundraising events	1c					
ar /	d	Related organizations	1d					
s, ( imil	е	Government grants (contribut	ions) <b>1e</b>					
tion S	f	All other contributions, gifts, gran						
jt e		similar amounts not included abor		360,000.				
ut pc	g	Noncash contributions included in lines	-		260 000			
<u>aŭ</u>	h	Total. Add lines 1a-1f			360,000.			
	_	DDOODAM EFEC		Business Code 900099	40,908.	40 009		
Program Service Revenue	2 a	PROGRAM FEES		900099	40,900.	40,908.		
ierv ue	b							
ven S	c d							
gra Re	u e							
Pro	f	All other program service reve	20116					
		Total. Add lines 2a-2f			40,908.			
	3	Investment income (including						
		other similar amounts)			5,581.			5,581.
	4	Income from investment of tax						
	5	Royalties	. <u></u>	►				
			(i) Real	(ii) Personal				
	6 a	Gross rents	111,976.					
	b	Less: rental expenses	0.					
		( )	111,976.		111 000	111 000		
					111,976.	111,976.		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	h	assets other than inventory						
	D	Less: cost or other basis and sales expenses						
	~	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising						
nue	•	including \$						
eve		contributions reported on line						
Ř		Part IV, line 18	a					
Other Revenue	b	Less: direct expenses	b					
0	С	Net income or (loss) from func	draising events	►				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		······				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
	11 ~	Miscellaneous Revenu		Business Code				
	n a b			+				
	c c			+				
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			518,465.	152,884.	0.	5,581.

TENNESSEE CHARTER SCHOOL CENTER

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0.50 604		10.050	
	trustees, and key employees	278,601.	259,733.	18,868.	
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	531,553.	495,555.	35,998.	
3	Pension plan accruals and contributions (include	15 0.00	14 800	1 000	
	section 401(k) and 403(b) employer contributions)	15,868.	14,793.	1,075.	
9	Other employee benefits	98,137.	91,491.	6,646.	
)	Payroll taxes	62,160.	57,950.	4,210.	
1	Fees for services (non-employees):				
	F				
	Legal		21 660	2 204	
	Accounting	34,052.	31,668.	2,384.	
	Lobbying	129,724.	129,724.		
	, E				
f	Investment management fees				
g		21,937.	21,937.		
_	column (A) amount, list line 11g expenses on Sch O.)	21,957.	<u> 21,957.</u>		
2	Advertising and promotion	5,187.	4,824.	363.	
3	Office expenses	6,412.	5,963.	449.	
1	Information technology	0,412.	5,905.	449.	
5 6	Royalties	163,046.	154,812.	8,234.	
5 7		56,049.	52,126.	3,923.	
	Travel Payments of travel or entertainment expenses	50,015.	52,120.	5,525.	
3	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
9 )	··· ·	671.	624.	47.	
, 1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,597.	1,485.	112.	
3	Insurance	13,717.	12,757.	960.	
ŀ	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)	,			
	amount, list line 24e expenses on Schedule O.)				
а	SCHOOL ADMINISTRATION T	373,513.	373,513.		
b	PROFESSIONAL DEVELOPMEN	10,013.	9,312.	701.	
с	SUPPLIES	8,020.	7,458.	562.	
d	TELEPHONE	3,154.	2,933.	221.	
е	All other expenses	5,745.	5,470.	275.	
5	Total functional expenses. Add lines 1 through 24e	1,819,156.	1,734,128.	85,028.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

TENNESSEE	CHARTER	SCHOOL	CENTER
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27-1799465 Page 11

		Check if Schedule O contains a response or not	te to any l	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			160,000.	1	150,000.
	2	Savings and temporary cash investments			1,591,151.	2	1,195,887.
	3	Pledges and grants receivable, net			959,000.	3	25,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied perso	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(	3)(B), and contributing			
		employers and sponsoring organizations of sect					
s		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9					9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	22,729.			
	b	Less: accumulated depreciation		21,724.	2,602.	10c	1,005.
	11	Investments - publicly traded securities			•	11	,,,
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		Г		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			2,712,753.	16	1,371,892.
	17	Accounts payable and accrued expenses			11,477.	17	18,976.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
6	22	Loans and other payables to current and former					
itie		key employees, highest compensated employee					
Liabilities						22	
Ľ	23	Secured mortgages and notes payable to unrela		Г	47,669.	23	
	24	Unsecured notes and loans payable to unrelate		Γ		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			59,146.	26	18,976.
		Organizations that follow SFAS 117 (ASC 958	3), check	here 🕨 🗴 and			
s		complete lines 27 through 29, and lines 33 an					
lce	27	Unrestricted net assets			902,752.	27	940,179.
alar	28	Temporarily restricted net assets			1,750,855.	28	412,737.
Ä	29					29	
ŭ		Organizations that do not follow SFAS 117 (A					
Ϋ́		and complete lines 30 through 34.					
tsc	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			2,653,607.	33	1,352,916.
	34				2,712,753.	34	1,371,892.

Form **990** (2017)

## Part X Balance Sheet

	1990 (2017) TENNESSEE CHARTER SCHOOL CENTER	27-1	799465	Pag	<sub>ge</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)	1			65.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,819		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,300		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,653	3,6	07.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		1,352		
	column (B)) 10				
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				1
			_		(0017)

SCHEDULE A	١
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(Form	990	or	990-	·EZ)
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### **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.

OMB No. 1545-0047
2017
Open to Public Inspection

	enue Service			Attach to Form 990 or F //Form990 for instruction			formation		Inspection
Name of	f the organizati	, i i i i i i i i i i i i i i i i i i i	- do to www.ii3.gov			ie latest li	normation.	Employer	r identification number
	i ille el guillzati			TER SCHOOL CI					7-1799465
Part I	Reason			All organizations must co		is nart ) Se	o instruction		1-1199403
, Č	-	•		For lines 1 through 12, c		,			
1				on of churches described			I)(A)(I).		
2	] A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
	city, and stat								
5	📙 An organizati	on operated fo	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	] An organizati	on that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	public described in
	section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8	-			(1)(A)(vi). (Complete Par	t II.)				
9	7			in section 170(b)(1)(A)(		ed in coniu	inction with a	land-grant	college
				ulture (see instructions).					
	university:		jian conogo or agiro				, and clare e.	ine eenege	
10	, · —	on that norma	Ilv receives: (1) more	than 33 1/3% of its sup	oort from o	contributio	ns membersl	nin fees an	nd gross receipts from
	-		• • • •	ct to certain exceptions,				-	•
				(less section 511 tax) fro					-
						sses acqui		anization a	aitei Julie 30, 1973.
44	7		mplete Part III.)	walk to toot for public or	fatu Caa	oootion El	O(-)(4)		
11	-	-	-	vely to test for public sa	•				
12	U U	•	•	ively for the benefit of, to	•		-	•	
			-	d in section 509(a)(1) o					Sheck the box in
_		•	• •	f supporting organizatior		-		-	
a			-	upervised, or controlled	• • • •	-			
	the suppor	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
_	organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	/ing
	control or r	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
с 🗌	Type III fui	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
	its support	ed organizatio	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.		
d [	Type III no	n-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)
	that is not	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	uirement and	an attentiv	veness
	requiremer	t (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v.		
еГ	Check this	box if the ora	anization received a v	written determination fro	m the IRS	that it is a	Type I. Type	II. Type III	
		•		nally integrated supporti			51 5 51	, ,,	
f En	iter the number								
			n about the supporte						
	(i) Name of supp		(ii) EIN	(iii) Type of organization		anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
	organizatior	า		(described on lines 1-10	Yes	No	support (see ir	structions)	support (see instructions)
				above (see instructions))					

#### Schedule A (Form 990 or 990-EZ) 2017 TENNESSEE CHARTER SCHOOL CENTER Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A

27-1799465 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2936278.	2518186.	1850500.	3162786.	360,000.	10827750.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2936278.	2518186.	1850500.	3162786.	360,000.	10827750.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4109274.
6	Public support. Subtract line 5 from line 4.						6718476.
Sec	tion B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	2936278.	2518186.	1850500.	3162786.	360,000.	10827750.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	158,817.	157,888.	118,408.	82,569.	117,557.	635,239.
9	Net income from unrelated business		-	-	-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						11462989.
12	Gross receipts from related activities,	etc. (see instructio	ons)		•	12	237,991.
13		-				501(c)(3)	
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2017 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	58.61 %
15	Public support percentage from 2016					15	58.15 %
16a	33 1/3% support test - 2017. If the c					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances test	-					
-	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	<b>Private foundation.</b> If the organizatio						
				.,,,	,		····· <b>F</b>

#### Schedule A (Form 990 or 990-EZ) 2017 TENNESSEE CHARTER SCHOOL CENTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	<b>(f)</b> Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) org	anization,
	check this box and stop here						
Sec	ction C. Computation of Publi						
15	Public support percentage for 2017 (li	ne 8. column (f) d	ivided by line 13. c	olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves						
	•			20.12. oolumn (f)		17	0/
	Investment income percentage for 20						<u>%</u>
18	Investment income percentage from 2						<u>%</u>
19a	33 1/3% support tests - 2017. If the						ine 17 is not
h	more than 33 1/3%, check this box an <b>33 1/3% support tests - 2016.</b> If the						►
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
20	i mate roundation. In the organizatio	n ala not crieck a	50A 011 III 10 14, 19	a, or red, check li	ING DON AND SEE INS		····· 🔽

### Schedule A (Form 990 or 990-EZ) 2017 TENNESSEE CHARTER SCHOOL CENTER

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

732024 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

# Schedule A (Form 990 or 990-EZ) 2017 TENNESSEE CHARTER SCHOOL CENTER Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	20		
з а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	04		
2	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990 EZ) 2017 TENNESSEE CHARTER SCHOO	L CEN	ITER	27-1799465 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

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

### Schedule A (Form 990 or 990-EZ) 2017 TENNESSEE CHARTER SCHOOL CENTER

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D - Distributions		· · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		1	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

Schedule A	(Form 990 or 990-EZ) 2017	TENNESSEE	CHARTER	SCHOOL	CENTER	27-1799465 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV.	e explanations r , 6, 9a, 9b, 9c, 1 Section E, lines	equired by Par 1a, 11b, and 1 1c, 2a, 2b, 3a	t II, line 10; Part II, lir 1c; Part IV, Section , and 3b; Part V, line	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, y additional information.
	(See instructions.)					

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### **Schedule of Contributors**

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

OMB No. 1545-0047

2017

Employer identification number

	TENNESSEE CHARTER SCHOOL CENTER	27-1799465					
Organization type (ch	Drganization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule							

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is received exclusively religious, charitable, etc., exclusively religious, exclusively religi

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name	of	orga	nization
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Page 2

X

X

X

X

X

Employer identification number

TENNESSEE CHARTER SCHOOL CENTER 27-1799465 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.)

> (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

(a)

No.

Employer identification number

27 - 1799465

TENNESSEE CHARTER SCHOOL CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I       (b) Description of noncash property given       (c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. (b) (c) EMV (or estimate)	
(a) No. (b) (c) EMV (or estimate)	
No. (b) (C) EMV (or estimate)	
from Description of noncash property given (See instructions.)	(d) Date received
\$	
(a) No. from Part I(b)(c)FMV (or estimate) (See instructions.)	(d) Date received
\$	
(a)     (c)       No.     (b)       from     Description of noncash property given       Part I     (See instructions.)	(d) Date received
\$	
(a)     (c)       No.     (b)       from     Description of noncash property given       Part I     (See instructions.)	(d) Date received
\$	
(a)     (c)       No.     (b)       from     Description of noncash property given       Part I     (See instructions.)	(d) Date received

lame of orga	anization		Employer identification number						
ENNES	SEE CHARTER SCHOOL CEN	TER	27-1799465						
Part III	the year from any one contributor. Complete	columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations						
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) <b>S</b>						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(b) Fulpose of girt								
-		e) Transfer of gif							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from	(b) Durpage of gift	(c) Use of gift	(d) Description of how sift is hold						
Part I	(b) Purpose of gift		(d) Description of how gift is held						
-	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
		[							
(a) No. from	(b) Purpose of gift (c) Use		(d) Description of how gift is held						
Part I									
F	(e) Transfer of gift								
	Transferee's name, address, a		Relationship of transferor to transferee						
		[							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I	(	(-) 3	(						
F	(e) Transfer of gift								
	Tropoforos's name address	nd <b>7</b> ID + 4	Polationship of transferrer to transferrer						
-	Transferee's name, address, a		Relationship of transferor to transferee						

SCHEDULE C	Political Campaign and Lobbying Activities	OMB No. 1545-0047				
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 5	27	2017			
Department of the Treasury	► Complete if the organization is described below. ► Attach to Form 990 or Form	990-EZ.	Open to Public Inspection			
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
If the organization answ	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Camp	baign Activi	ities), then			
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Complete Parts I-A and B. Do not complete Part I-C.					
<ul> <li>Section 501(c) (other</li> </ul>	than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Par	t I-B.				
<ul> <li>Section 527 organization</li> </ul>	ations: Complete Part I-A only.					
If the organization answ	vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Act	ivities), the	n			
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do r	not complet	e Part II-B.			
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B	. Do not coi	mplete Part II-A.			
If the organization answ	vered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form	990-EZ, P	art V, line 35c (Proxy			
Tax) (see separate inst	ructions), then					
<ul> <li>Section 501(c)(4), (5)</li> </ul>	, or (6) organizations: Complete Part III.					
Name of organization		Employer	identification number			
	TENNESSEE CHARTER SCHOOL CENTER		7-1799465			
Part I-A Comple	ete if the organization is exempt under section 501(c) or is a section 52	27 organi	zation.			
1 Provide a description	on of the organization's direct and indirect political campaign activities in Part IV.					
2 Political campaign	activity expenditures	▶\$				
3 Volunteer hours for	political campaign activities					
Part I-B Comple	ete if the organization is exempt under section 501(c)(3).					
	f any excise tax incurred by the organization under section 4955	▶\$				

#### Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

4a Was a correction made?

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities

exempt function activities

line 17b

<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Yes

Yes

Yes

No

No

No

LHA

b If "Yes," describe in Part IV.

Part I-C

4

Schedule C (Form 990 or 990 EZ) 2017 T Part II-A Complete if the orga section 501(h)).	ENNESSEE	CHARTER SCHOO mpt under section	DL CENTER 501(c)(3) and file	27-1 d Form 5768 (ele	799465 Page 2 ction under
A Check 🕨 🗌 if the filing organization	on belongs to an a	filiated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
expenses, and share	of excess lobbying	) expenditures).			
B Check 🕨 🔄 if the filing organization	on checked box A	and "limited control" pro	visions apply.		
	on Lobbying Exp tures" means amo	enditures ounts paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
<b>1a</b> Total lobbying expenditures to influe	nce public opinion	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influe				182,573.	
c Total lobbying expenditures (add line				182,573.	
d Other exempt purpose expenditures				1,551,555.	
e Total exempt purpose expenditures				1,734,128.	
f_Lobbying nontaxable amount. Enter				236,706.	
If the amount on line 1e, column (a) or (		bbying nontaxable am			
Not over \$500,000		f the amount on line 1e.			
Over \$500,000 but not over \$1,000,0		000 plus 15% of the exce	ess over \$500 000		
Over \$1,000,000 but not over \$1,500		000 plus 10% of the exce			
Over \$1,500,000 but not over \$17,00		000 plus 5% of the exces			
Over \$17,000,000	\$1,00		33 0 1 0 1,000,000.		
	φ1,00	,000.			
g Grassroots nontaxable amount (ente	ar 25% of line 1f)			59,177.	
h Subtract line 1g from line 1a. If zero	,			0.	
				0.	
i Subtract line 1f from line 1c. If zero c j If there is an amount other than zero		r line 1. did the organize			
-		-		Г	Yes No
reporting section 4911 tax for this ye		veraging Period Under		L	
(Some organizations that	it made a section		nave to complete all o	of the five columns be	low.
	Lobbying Exp	enditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> Total
2a Lobbying nontaxable amount	330,667	. 268,408.	269,713.	236,706.	1,105,494.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,658,241.
c Total lobbying expenditures	226,926	. 179,711.	183,135.	182,573.	772,345.
d Grassroots nontaxable amount	82,667	. 67,102.	67,428.	59,177.	276,374.
e Grassroots ceiling amount (150% of line 2d, column (e))					414,561.
f Grassroots lobbying expenditures	80,730				80,730.

### 27-1799465 Page 3

## Schedule C (Form 990 or 990-EZ) 2017 TENNESSEE CHARTER SCHOOL CENTER 27-17994 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	ion (a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	unt
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	), or sec	tion	
				Yes	Νο
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No," OR	(b) Part		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		<b>2</b> a		
b	Carryover from last year		<b>2</b> b		
С	Total		<b>2c</b>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	A, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Department of the Treasury

732051 10-09-17

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.



Internal Revenue Service	
Name of the organization	on

### TENNESSEE CHARTER SCHOOL CENTER

Employer identification number 27-1799465

Pa	t I Organizations Maintaining Donor Advised	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	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Dee			
Pa			IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certified	d historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form of a	
-	day of the tax year.		Held at the End of the Tax Year
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru	ucture included in (a)	
c c	Number of conservation easements included in (c) acquired a		
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
-	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense stat	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the	organization's accounting for
Dee	conservation easements.		
Pa	t III Organizations Maintaining Collections of		r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descril		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		► ¢
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		
2	If the organization received or held works of art, historical trea		
2	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2017

Sche		EE CHARTER						27 - 17			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	asures, or	r Othe	r Simila	r Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check an	y of the f	ollowing that	are a si	gnificant u	use of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	d	I 🗌 Loa	In or exc	hange progra	ams					
b	Scholarly research	е	Oth Oth	er							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how they	urther th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, histor	ical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the or	ganizatio	n answered "	'Yes" on	Form 990	), Part IV, I	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for con	tribution	s or other ass	sets not	included		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table	e:							
									Amoun	t	
С	Beginning balance						. <u>1c</u>				
d	Additions during the year						. <u>1d</u>				
е	Distributions during the year						. <u>1e</u>				
f	Ending balance						. <b>1</b> f		_		
	Did the organization include an amount on Fe						ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i								_		
		(a) Current year	(b) Prior	year	(c) Two year	rs back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance	· · · · ·									
2	Provide the estimated percentage of the curr			olumn (a)	)) held as:						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
0-	The percentages on lines 2a, 2b, and 2c sho		1								
Ja	Are there endowment funds not in the posse	ssion of the organiza	ition that ar	e neid ar	ia administer	ed for th	ie organiza	ation	1	Vee	Na
	by:								20(1)	Yes	No
	(i) unrelated organizations								3a(i)		
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tiona listad og raguir							3a(ii) 3b		
1	Describe in Part XIII the intended uses of the								30		
Par	t VI Land, Buildings, and Equipm			5.							
	Complete if the organization answere		Part IV lin	o 110 S	E Form 990	Part X	line 10				
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Boo	k valu	
	Description of property	basis (investn		• •	(other)	• •	preciation			ix valu	0
19	Land		,			20	,				
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			2	2,729.		21,7	24.		1,0	05.
	Add lines 1a through 1e. (Column (d) must e		V column (							1,0	
- otd	, i de millor ra anough ro. (Column (a) must e	iyuai rumi 990, Parti	$\Lambda$ , column (	ו שווו ויב							

Schedule D (Form 990) 2017

Schedule D (F	orm 990) 2	2017	TENNESSEE	CHARTER	SCHOOL	CENTER	
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### 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.) 🕨		

#### 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)		
(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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

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 income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must equal Form 000 Part X col (B) line 25)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2017 TENNESSEE CHARTER SCHOO			1799465 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	518,465.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line 2e from line 1			518,465.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	<u>)</u>		518,465.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St	<u>)</u>		<u>518,465.</u> n.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	atements With Expens		ו.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	) atements With Expens ne 12a.	5 ses per Return	518,465. n. 1,819,156.
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 <b>rt XII</b> Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li	) atements With Expens ne 12a.	5 ses per Return	ו.
<b>Pa</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 <b>rt XII</b> Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, li         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With Expens	5 ses per Return	ו.
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 <b>rt XII</b> Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, li         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	atements With Expens ne 12a.	5 ses per Return	ו.
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 <b>rt XII</b> Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2) atements With Expens ne 12a. 	5 ses per Return	ו.
Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 <b>rt XII</b> Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, li         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	5 ses per Return	ו.
Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 <b>Reconciliation of Expenses per Audited Financial St</b> Complete if the organization answered "Yes" on Form 990, Part IV, li         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	ies per Return	n. <u>1,819,156.</u> 0.
Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12         T XII       Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, li         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       Prior year adjustments         Other losses       Other losses         Other losses       Data XIII.)         Add lines 2a through 2d       Add	2a 2b 2c 2d 2d	ies per Return	n. <u>1,819,156.</u>
Pa 1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 <b>Reconciliation of Expenses per Audited Financial St</b> Complete if the organization answered "Yes" on Form 990, Part IV, li         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	ies per Return	n. <u>1,819,156.</u> 0.
Pa 1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 <b>rt XII</b> Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, li         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ies per Return	n. <u>1,819,156.</u> 0.
Pa 1 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 <b>Reconciliation of Expenses per Audited Financial St</b> Complete if the organization answered "Yes" on Form 990, Part IV, li         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	ies per Return	n. <u>1,819,156.</u> 0.
Pa 1 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 <b>Reconciliation of Expenses per Audited Financial St</b> Complete if the organization answered "Yes" on Form 990, Part IV, li         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	5 ses per Return 1 2e 3	n. <u>1,819,156.</u> <u>0.</u> 1,819,156. 0.
Pa 1 2 a b c 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12         T XII         Reconciliation of Expenses per Audited Financial St         Complete if the organization answered "Yes" on Form 990, Part IV, li         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2b 2c 2d 4a 4b	5 ses per Return 1 2e 3 3	n. <u>1,819,156.</u> <u>0.</u> 1,819,156.

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

PART X, LINE 2:

THE CENTER HAS QUALIFIED FOR TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION.

THE CENTER FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING

STANDARDS CODIFICATION GUIDANCE RELATED TO UNCERTAIN TAX POSITIONS. THE

GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THIS GUIDANCE

PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT A TAX POSITION MUST MEET

BEFORE A FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. THE MINIMUM THRESHOLD

IS DEFINED AS A TAX POSITION THAT IS MORE LIKELY THAN NOT TO BE SUSTAINED

UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION

	CHARTER SCHOOL CENTER	27-1799465 Page 5			
Part XIII Supplemental Information (continued)					
OF ANY RELATED APPEALS OR LITIG	ATION PROCESSES, BASED ON	THE TECHNICAL			
MERITS OF THE POSITION. THE TAX	BENEFIT TO BE RECOGNIZED	IS MEASURED AS			
THE LARGEST AMOUNT OF BENEFIT T	HAT IS GREATER THAN 50% LI	KELY OF BEING			
REALIZED UPON ULTIMATE SETTLEME	NT. THE CENTER HAS NO TAX	PENALTIES OR			
INTEREST REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE CENTER HAS					
NO UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2017 OR 2016.					

50	SCHEDULE J Compensation Information		OMB No. 1545-0047			
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest	20.	17		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	<b>20</b> <sup>-</sup>			
Dena	rtment of the Treasury	Attach to Form 990.	Open to Inspec			
Intern	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
Nan	ne of the organization					
			799465			
Ра	rt I Question	s Regarding Compensation	1.			
				Yes No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	—				
	Travel for com	panions       Payments for business use of personal residence         ation and gross-up payments       Health or social club dues or initiation fees				
		spending account Personal services (such as, maid, chauffeur, chef)				
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	rovision of all of the expenses described above? If "No," complete Part III to explain	1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization to				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	Independent of	ompensation consultant Compensation survey or study				
		ther organizations Approval by the board or compensation committee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?	4a	<u> </u>		
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?	4b	X X		
с	Participate in, or receive payment from, an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the r					
а	The organization?		. <u>5</u> a	<u> </u>		
b		ation?	. <b>5</b> b	X		
		r 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	the second free second second differences and	et earnings of:		v		
	-					
а	The organization?		. <u>6a</u>	<u>X</u>		
a b	The organization? Any related organiz	ation?	. 6a . 6b	X		
b	The organization? Any related organiz If "Yes" on line 6a c	ation? pr 6b, describe in Part III.	6a 6b			
b	The organization? Any related organiz If "Yes" on line 6a of For persons listed of	ation? or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	. 6b	X		
ь 7	The organization? Any related organiz If "Yes" on line 6a of For persons listed of not described on lin	ation? or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments nes 5 and 6? If "Yes," describe in Part III	. 6b			
b	The organization? Any related organiz If "Yes" on line 6a of For persons listed on not described on lin Were any amounts	ation? or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	. 6b 7	X		
b 7 8	The organization? Any related organiz If "Yes" on line 6a of For persons listed on not described on lin Were any amounts initial contract exce	ation? or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 6b 7	X		
b 7	The organization? Any related organiz If "Yes" on line 6a of For persons listed on not described on lin Were any amounts initial contract exce If "Yes" on line 8, d	ation? or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		X		

Schedule J (Form 990) 2017

27-1799465

Page 2

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported as deferred on prior Form 990
(1) MAYA BUGG (i	165,825.	10,000.	0.	420.	26,081.	202,326.	0.
CEO (ii		0.	0.	0.	0.	0.	0.
(i							
(ii							
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#### Part III Supplemental Information

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

Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2017 Open to Public Inspection

OMB No. 1545-0047

TENNESSEE CHARTER SCHOOL CENTER

27-1799465

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACCOUNTABILITY, AND CHOICE IN PUBLIC EDUCATION IN TENNESSEE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

GENERAL ASSEMBLY, TOURED CHARTER SCHOOLS AND GAINED A BETTER

UNDERSTANDING ABOUT STUDENT SUCCESS AND CHALLENGES FACED AT THESE

INNOVATIVE PUBLIC SCHOOLS.

TCSC PLAYED A LEADING ROLE ON THE MEMPHIS CHARTER ADVISORY COMPACT AND

HELPED DEVELOP 28 POLICY RECOMMENDATIONS FOR SHELBY COUNTY SCHOOLS

BOARD OF EDUCATION STRENGTHENING SCHOOL DISTRICT SUPPORT FOR CHARTER

SCHOOLS.

TCSC SERVED AS A KEY PARTICIPANT IN VARIOUS STATE-LEVEL CONVERSATIONS IMPACTING ALL STUDENTS ACROSS THE STATE THROUGH THE IMPLEMENTATION OF EVERY STUDENT SUCCEEDS ACT.

TCSC BUILT STRONG RELATIONSHIPS WITH PARTNERS SUCH AS TN SCORE, STATE

BOARD OF EDUCATION, AND NASHVILLE CHAMBER OF COMMERCE.

TCSC HAS ALSO BUILT EFFECTIVE RELATIONSHIPS WITH MEMPHIS COUNTY

COMMISSIONERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY LAUNCH PROGRAM LAUNCHED THROUGH TCSC.

Schedule O (Form 990 or 990-EZ) (2017) Page <b>2</b>					
Name of the organization TENN		Employer identification number 27-1799465			
TCSC HOSTED THE FI	FTH ANNUAL CHARTER SCHOOL	ENROLLMENT FAIR	WELCOMING		

MORE THAN 1,100 STUDENTS, PARENTS, VENDORS, AND EDUCATION PARTNERS TO

LEARN MORE ABOUT THE DIVERSE PUBLIC SCHOOL OPTIONS AVAILABLE TO THEM.

TCSC FACILITATED ANNUAL BOARD TRAINING FOR MORE THAN 250 COMMUNITY

LEADERS SERVING ON CHARTER SCHOOL BOARDS AND ACHIEVED 100% COMPLIANCE

FOR COMPLETION.

TCSC PARTNERED WITH LOW INCOME INVESTMENT FUND TO SECURE AN \$8MM CREDIT

ENHANCEMENT GRANT FROM THE U.S. DEPARTMENT OF EDUCATION FOR CHARTER

SCHOOLS IN TENNESSEE.

TCSC PROVIDED TECHNICAL ASSISTANCE AND TRAINING SURROUNDING FACILITIES.

FORM 990, PART VI, SECTION A, LINE 8B:

THE BOARD DOES NOT HAVE ANY STANDING COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S BOARD OF DIRECTORS AND MANAGEMENT RECEIVES, REVIEWS AND

APPROVES THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS ONLY REFERENCED WHEN A POTENTIAL

CONFLICT ARISES. THERE WERE NO SUCH CONFLICTS DURING THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD CONSIDERS SALARY LEVELS IN SIMILAR ORGANIZATIONS AND HAS

DISCUSSIONS TO SET THE ANNUAL COMPENSATION PACKAGE OF THE CHIEF EXECUTIVE

OFFICER.

THE CHIEF EXECUTIVE OFFICER AND BOARD CHAIR REVIEW COMPARABLE DATA IN

SIMILAR ORGANIZATIONS AND HAS DISCUSSIONS TO SET THE COMPENSATION LEVELS OF

OTHER OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

PERSONNEL COSTS

TENNESSEE CHARTER SCHOOL CENTER (TCSC) REIMBURSES AN UNRELATED

ORGANIZATION FOR PERSONNEL COSTS (WAGES, PAYROLL TAXES AND BENEFITS)

INCLUDING OFFICER COMPENSATION. WHILE TCSC DOES NOT ISSUE W-2'S, THE

990 REFLECTS THE ACTUAL EXPENSE PAID TO REIMBURSE THE UNRELATED

ORGANIZATION FOR ITS EMPLOYEES.