### Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

Open to Public Inspection

Α	Fort	he 2018 calen	dar year, or tax year begir	nning	, 2018	, and endin	g		,		
В	Check	if applicable:	C				D En	ployer ide	ntification number		
	ПА	ddress change	TENNESSEE ASSOCI	IATION FOR CHILI	DRENS		2	3-703	7075		
	$\prod_{N}$	ame change	EARLY EDUCATION					ephone nu			
	lr lr	nitial return	PO BOX 120096				6	15-27	9-0111		
	Fi	nal return/terminated	NASHVILLE, TN 37	7212			<u>_</u>	<del></del>	<u> </u>		
		mended return					G Gr	ss receipts	. Š 60	,227.	
	$\vdash$	pplication pending	F Name and address of principa	al officer: CONNITE CAC	· 7 7 %		H(a) Is this a group			18.91	
	<b>Ш</b> ′`	pprioditori poriorig	SAME AS C ABOVE	al officer: CONNIE CAS	нА		H(b) Are all subording if "No," attach a		L C 2		
<del></del>	Tay	exempt status:	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or	527	If "No," attach	list. (see	instructions)		
÷		· · · · · · · · · · · · · · · · · · ·	W. TACEE. ORG	) (macremo.)	] 4347(a)(1) 01		H(c) Group exemption		_		
K			X Corporation Trust	Association Other	11.	Year of formation			~~~~~	AT	
**********		n of organization:		Association Other		Year of formation	on: 1954	IVI State of	f legal domicile: T	У	
	art I	Summar Briofly dosori	<b>y</b> be the organization's miss	sion or most significant o	notivitios ma	מדעים שימי	מתר את אתר	WIDE I	MEMBERC ME	- mii	
	'		ONAL DEVELOPMENT								
Activities & Governance			LIVACI	TCES TIN T	<u> </u>						
E		SUGA TOTAL	VELOPMENT, AND E	DOCKLION OF IPW	IMESSEE S	100146	CITTIDICE .				
Ver	2	Check this bo	y ► T if the organization	on discontinued its opera	ations or disp	osed of mo	re than 25% of	its net a			
်ဗ	3		oting members of the gove	rning body (Part VI. line	allono or disp			3	1	c	
প্র	4		dependent voting member							9	
ties	5	Total number	of individuals employed in	n calendar year 2018 (Pa	art V, line 2a	)		5			
≨	6		of volunteers (estimate if							50	
Ą			ed business revenue from							0.	
	b	Net unrelated	l business taxable income	from Form 990-T, line 3	38 <i></i>			7b		0.	
							Prior Ye		Current Y		
•	8		and grants (Part VIII, line					<u>,195.</u>		2,772.	
Revenue	9		rice revenue (Part VIII, line					<u>,888.</u>	56	,190.	
ě	10		come (Part VIII, column (A					125.		104.	
<u>~</u>	11		e (Part VIII, column (A), lir				<u> </u>	,035.		,161.	
			- add lines 8 through 11					<u>,243.</u>	60	<u>,227.</u>	
			milar amounts paid (Part I								
	14 Benefits paid to or for members (Part IX										
ø	15	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					<u>,499.</u>	23	,834.		
nse	16 a	Professional f	fundraising fees (Part IX, o	column (A), line 11e)							
Expenses	ь	Total fundrais	sing expenses (Part IX, col	lumn (D), line 25) 🟲							
ú	17	Other expense	es (Part IX, column (A), lir	nes 11a-11d, 11f-24e)			89	,747.	62	,670.	
								,246.		,504.	
	i .							,003.		,277.	
							Beginning of Cur				
ano	20	Total assets (	Part X, line 16)					,983.		,712.	
Aes	21		s (Part X, line 26)					,906.		,776.	
žě.			fund balances. Subtract li					,077.		,936.	
Pa	nt II	Signature		10 21 10111 1110 20			1 200	, 011.	1/3	, ,,,,,,,,	
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com	olete. D	eclaration of prepar	clare that I have examined this retu rer (other than officer) is based on a	all information of which preparer	r has any knowled	ige.	ie best of my knowle	ige and be	ner, it is tibe, correct	i, anu	
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Sig	ın	Signatur	e of officer	***************************************			Date				
He	re	COM	NIE CASHA				PRESIDENT	1			
	-		print name and title				TRECIDENT				
_		Print/Type pr	reparer's name	Preparer's signature		Date	Check	l if	PTIN		
Pai	id	JIM DU	RHAM	JIM DURHAM		6/11/:		l	P00443826		
	iu epare		► JIM R DURHAM	<del></del>		<u> </u>	sen-entip	,	1-00440020	<del></del>	
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ivia	, me i	no discuss thi	is return with the preparer	SHOWIT ADOVE! (See INST	u ucuons)			• • • • • • •	X Yes	No	

	n 990 (2018)	TENNESSEE ASSO	CIATION FOR CHILDRENS	23	3-7037075	Page 2
Pai	rt III State	ement of Program S	Service Accomplishments			
			a response or note to any line in this	Part III		
1		ibe the organization's m				
	TACEE EX	KISTS TO PROVIDE	MEMBERS WITH PROFESSION	NAL DEVELOPMENT OPPORT	UNITIES AND	<u>TO</u>
			ICES IN THE CARE, DEVELO	DPMENT, AND EDUCATION	OF TENNESSEF	l'S
	YOUNG_CH	<u>HILDREN.</u>				
2			ificant program services during the year		······	_
	Form 990 or	990-EZ?			······ Yes	X No
_		ribe these new services or				_
3		nization cease conductin ribe these changes on Sch	g, or make significant changes in how ledule O.	it conducts, any program services	5? Yes	X No
4	Describe the	organization's program :	service accomplishments for each of in nizations are required to report the am	s three largest program services,	as measured by exp	penses.
	and revenue,	, if any, for each program	n service reported.	ount of grants and anocations to t	mers, trie totar exp	erises,
4 a	(Code:	) (Expenses \$	63,289, including grants of	\$ ) (Reven	ue \$ 56	,190.)
	ANNUAL C	ONFERENCE- TO P	ROVIDE ITS MEMBERS WITH			TTTES
	AND TO A	DVOCATE FOR BES	T PRACTICES IN THE CARE,	DEVELOPMENT, AND EDI	CATTON OF	======
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		n services (Describe in S	·			
	(Expenses	C .				
	<del></del>	S service expenses	including grants of \$ 63,289.	) (Revenue \$	)	

_		WIL	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI.	11a	o o o o o o o o o o o o o o o o o o o	X
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
,	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
I	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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	11 f		X
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
J	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	12Ь		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	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
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		X
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Form 990 (2018) TENNESSEE ASSOCIATION FOR CHILDRENS

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	3 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
24	Ia Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	Ta Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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):	(6) (6) (6) (7)		
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		Х
	c 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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
	<b>b</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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · ·	Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1100011911		110
	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
_	TECADADA AMAGAMA		222 1	2020

Form 990 (2018) TENNESSEE ASSOCIATION FOR CHILDRENS

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

			Yes	No				
2	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 1		000000000 0000000000000000000000000000	mucan Pagada				
-	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	lancin man				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	esoverseres	X				
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		<u> </u>				
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
-	b If 'Yes,' enter the name of the foreign country: ►							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	i	X				
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X				
(	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	$\vdash$	<b></b>				
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х				
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).			1000				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X				
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с	www.edd.co	X				
	I If 'Yes,' indicate the number of Forms 8282 filed during the year	insal	žiungus	X				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	<b>  </b>	X				
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	71 7q						
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring								
	organization have excess business holdings at any time during the year?	8	565456766	existana.				
	Sponsoring organizations maintaining donor advised funds.  I Did the sponsoring organization make any taxable distributions under section 4966?	9 a	110/2/35/12	MARKETEE				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b						
	Section 501(c)(7) organizations. Enter:	30	ago elevy	annanna.				
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:		(0.00)					
ā	Gross income from members or shareholders							
Ė	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	anomiacionesi.	0.0000000000000000000000000000000000000				
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year							
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
2	Is the organization licensed to issue qualified health plans in more than one state?	13a	otionemi	80 Sekres				
	Note. See the instructions for additional information the organization must report on Schedule O.							
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand		21025/11	X				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-					
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	czeczonyeczia ak	X				
	If 'Yes,' see instructions and file Form 4720, Schedule N.	ulatas clasica		V				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	(Sygyorpana	X				
	If 'Yes,' complete Form 4720, Schedule O.	For	990 (2	2012				
AΑ	TEEA0105L 12/31/18	i onn	220 (4					

Form 990 (2018) TENNESSEE ASSOCIATION FOR CHILDRENS 23-7037075 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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . . 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee?..... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 4 Did the organization make any significant changes to its governing documents Χ since the prior Form 990 was filed?..... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 6 Did the organization have members or stockholders?.....SEE. SCHEDULE .Q...... X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O 7 b X stockholders, or persons other than the governing body?..... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X a The governing body?..... 8 h X b Each committee with authority to act on behalf of the governing body?..... 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..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Χ 10 a Did the organization have local chapters, branches, or affiliates?..... b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their X 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X 12 c X 13 Did the organization have a written whistleblower policy?...... 13 14 Did the organization have a written document retention and destruction policy?..... 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15a X **b** Other officers or key employees of the organization...SEE .SCHEDULE . 0...... 15 b 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 X 16 a taxable entity during the year?..... b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > TN18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Own website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records MARILYN MANNO 1124 SILVERLEAF TER NASHVILLE TN 37221 615-646-4663

#### 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.

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

		(C)								
(A) Name and Title	(B) Average hours per	į is	s both dir	an c	ot che unles officer /truste	•		(D)  Reportable compensation from the organization	(E)  Reportable  compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CONNIE CASHA PRESIDENT	$-\frac{10}{0}$	X		Х				0.	0.	0.
(2) SHERRY HARPOLE	10	1		21						
VP ELECT	- <del>-</del> 5	X		Х				0.	0.	0.
(3) CORYE NELSON	5	<b></b>						~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
SECRETARY	0	X		Х				0.	0.	0.
(4) LINDA SITTON	10			·				75		
TREASURER ELECT	0	Х		X				0.	0.	0.
(5) CATHY WAGGONER	2									
SECA REP	0	Χ		X				0.	0.	0.
(6) PATTY BOWLIN	2									
CHAIR- EAST	0	X		X				0.	0.	0.
	2									
CHAIR- MIDDLE	0	X		Χ				0.	0.	0.
_(8)_KELLY_TIVEY	2							_	_	_
CHAIR- WEST	0	X		Χ		$\sqcup$		0.	0.	0.
_(9)_MARTHA_HOWARD	2	,,						^	_	
VICE PRESIDENT	0	Х		Χ				0.	0.	0.
(10) DEBBIE FERGUSON	$-\frac{2}{0}$	٧,		х				0.	_	0
TREASURER	U	X		Δ.			$\dashv$	0.	0.	0.
<u>(11)</u>										
(12)									"	
(13)										
(14)		•••••	***							

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Form 990 (2018)

Cart vii Section A. Officers, Directors, 11	(B)	Tey		•		,	an	u riigilest Con	iperisateu Ein	ployees (continued)
(A) Name and title	Average hours per week	box offi	, unie cer ar	Pos check ess pond a	erson direct	e than is bot or/trus	th an stee)	Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organization: (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)		and the second								
(21)										**************************************
(22)										
(23)										
(24)										
(25)										
1 b Sub-total	on A						<b>►</b>	0. 0. 0.	0 0 0	. 0.
2 Total number of individuals (including but not limited from the organization ▶ 0	I to those I	isted	abov	/e) v	vho	recei	ved	more than \$100,00	0 of reportable cor	npensation
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru th individu	stee, al	key	em	ploy	/ee, (	or h	nighest compensat	ed employee	Yes No X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greated such individual	f reportabl er than \$1	e cor 50,00	mpe 00?	nsa If 'Y	tion 'es,'	and com	oth <i>ple</i> :	er compensation t te Schedule J for	rom	4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s,' comple	satio <i>te Sc</i>	n fro	om a ule .	any <i>J foi</i>	unre r <i>suc</i>	late h p	d organization or erson	individual	<b>5</b> X
Section B. Independent Contractors	الحدة المحقدم		J			40.00	+ln.o.	t rooplyad mare th	on @100 000 of	
Complete this table for your five highest compen compensation from the organization. Report compen  (A)	sation for	the ca	alenc	dar y	ear	endir	ng w	vith or within the org	ganization's tax ye	ar. (C)
Name and business add	ress							Description o	f services	Compensation
2 Total number of independent contractors (including b	uit not limi	ted to	the	se li	sted	aho	ve) v	who received more	than	
\$100,000 of compensation from the organization				JU 11	J.Ju		1		er cont i	
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	Check if Schedule O contains a response or note to any	/ line in this Part V	IIL <i>.</i>		П
		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c       d Related organizations     1d       e Government grants (contributions)     1e				
ontributions, nd Other Sim	f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f: \$  h Total, Add lines 1a-1f.	2,772.			
	Business Code	<u> </u>	\$6775 (april 120 200 200 700 apr	PERIOD AND RESIDENCE OF PROPERTY.	1006 P.15 W. G. ees ne (1)
Ě		39,105.	39,105.		
ě		17,085.	17,085.		
E	b MEMBERSHIP DUES & ASSESSMENTS 611430	17,000.	17,000.		
Program Service Revenue	c d e f All other program service revenue				
8		E 6 100			
<u> </u>	g Total. Add lines 2a-2f	56,190.			
	Investment income (including dividends, interest and other similar amounts)      Income from investment of tax-exempt bond proceeds	104.			104.
	5 Royalties				
	6a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)		nazona kanzakak (h. 1880) kata kanzaka kesak	AND THE RESERVE OF STREET	
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of (i) Securities (ii) Other			godoni de godono	
	assets other than inventory  b Less: cost or other basis and sales expenses	aid vallegeligt en der er i Rechtstädelige gestellt et i Rechtstädelige et statene		eselikubiliniksin olese Poppii salti ene protin Daga enemasi solosius	
				(a) (a) (a) (b) (b) (a) (b)	
	c Gain or (loss)				
evenue	d Net gain or (loss)				
Other Reve	of contributions reported on line 1c).  See Part IV, line 18				
ž	c Net income or (loss) from fundraising events	1,161.	0.000 0.000 0.000	ppendarananiniki Shiristi di Atili	1,161.
Ö	9a Gross income from gaming activities. See Part IV, line 19a	1,101.			
	b Less: direct expenses b	100 (0) (0) (0) (0) (0)			
	c Net income or (loss) from gaming activities	1055 VALUES STORES (120 VALUE V		03(70)/(05(03))032/03/03/03/03/03/03/03/03/03/03/03/03/03/	at vilja (kanastanta kilanomina).
	10a Gross sales of inventory, less returns and allowances	nga pangangan dan Asiatan Kanandagan digakan dan da			
	c Net income or (loss) from sales of inventory	oggoggagaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	cananistana massattiin tilminin 1965 ilikkii	, e o non cuminista de caria de la la Principa de la Arbeita de la Arbei	TOWNS HE COME OF THE PROPERTY
	Miscellaneous Revenue Business Code				
					processissississessississessissississississi
	11a				
	b				
	C				
	d All other revenue		Richten (1994) (Company Company Compan	Micro osovania marin site e di recessore	rvvatojisja prijašejva krija krija k
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	60,227.	56,190.	0.	1,265.
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TEEA0109L 08/03/18

### Part IX Statement of Functional Expenses

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

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

	CHECK II SCHEDULE O COITAINS A I	<u>'</u>	<del>.</del>		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<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, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	22,158.	16,619.	5,539.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,130.	10,019.	3,33).	
9	Other employee benefits				
10	Payroli taxes	1,676.	1,257.	419.	
11	Fees for services (non-employees):				
а	Management				
t	Legal	1,972.		1,972.	
c	: Accounting	7,400.		7,400.	
d	Lobbying	5,000.	5,000.		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	600.	450.	150.	
13	Office expenses	2,199.	1,649.	550.	
14	Information technology	۵,199.	1,045.	330.	
15	Royalties.				
16	Occupancy.	2,316.	1,737.	579.	
17	Travel.	2,310.	1,/3/.	3/3.	
	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings	25,028.	25,028.		
20	interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			WWW.	·
23	L	2,095.	1,571.	524.	
24	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.)				
a	PROGRAM/EVENT EXPENSES	5,178.	5,178.		
	BOARD MEETING EXPENSE	3,745.		3,745.	
	MEMBERSHIP DUES	3,127.	2,345.	782.	
	PROFESSIONAL DEVELOPMENT	1,583.	1,583.		
	All other expenses	2,427.	872.	1,555.	
25	Total functional expenses. Add lines 1 through 24e	86,504.	63,289.	23,215.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
					Form 000 (2019)

31

32

33

34

173,936.

176,712.

<u>200,</u>077.

230,983.

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X..... (**B**) End of year (A) Beginning of year Cash - non-interest-bearing. 144,215 1 109,101. Savings and temporary cash investments..... 83,675 2 59,693. 2 Pledges and grants receivable, net..... 3 3 2,614 4 60. Accounts receivable, net ...... Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L..... 6 7 Notes and loans receivable, net..... 8 Inventories for sale or use..... 479 9 Prepaid expenses and deferred charges..... 7,857. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D...... 10a 100 11 11 investments — publicly traded securities..... 12 Investments - other securities. See Part IV, line 11...... 12 Investments - program-related. See Part IV, line 11..... 13 Intangible assets..... 14 14 15 15 Other assets, See Part IV, line 11..... Total assets. Add lines 1 through 15 (must equal line 34).... 16 230,983 176 712. 16 17 Accounts payable and accrued expenses..... 13,701 17 Grants payable ..... 18 18 Deferred revenue ..... 1,892 19 19 20 20 Tax-exempt bond liabilities..... Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 23 23 Secured mortgages and notes payable to unrelated third parties..... 24 24 Unsecured notes and loans payable to unrelated third parties..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 15.313 26 2.776. 26 Total liabilities. Add lines 17 through 25..... 30,906. X and complete Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 27 200,077 173,936. 28 Temporarily restricted net assets..... 29 Permanently restricted net assets..... Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. Capital stock or trust principal, or current funds...... 30

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Paid-in or capital surplus, or land, building, or equipment fund.....

Retained earnings, endowment, accumulated income, or other funds......

Total net assets or fund balances.....

Total liabilities and net assets/fund balances.....

32

33

34

Forn	n 990 (2018) TENNESSEE ASSOCIATION FOR CHILDRENS 23-	7037075	P	age 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	60,	227.
2	Total expenses (must equal Part IX, column (A), line 25)	2	86,	504.
3	Revenue less expenses. Subtract line 2 from line 1	3	-26,	<u> 277.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	200,	077.
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		<u>136.</u>
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, column (B))	10	173,	936.
Pai	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
	Order A Garage & Garage & Topper of Trace & Garage & Gara		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X	<u> </u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis  Separate basis  Separate basis	ed on a		
ŀ	b Were the organization's financial statements audited by an independent accountant?		2 b	X
-	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ite		
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	X
ŧ	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	it	3 b	
BAA			Form <b>990</b>	(2018)

## SCHEDULE A (Form 990 or 990-EZ)

### **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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name o	f the	organization TENNESSEE A EARLY EDUCA	ASSOCIATION FO	OR CHILDRENS			23-703707	5			
Part	16%	Reason for Public Cha	rity Status (All or	ganizations must o	comple	te this			_		
The o	roa	nization is not a private found	dation because it is: (	For lines 1 through 12,	check o	nly one	box.)		_		
1	Ñ	A church, convention of church									
2	Н	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	Н	A hospital or a cooperative h	ospital service organi	ization described in <b>sec</b>	ction 17	D(b)(1)(A	)(iii).				
4		A medical research organizar name, city, and state:	tion operated in conju	unction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's			
5		An organization operated for section 178(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or oper	ated by	a governmental unit de	escribed in			
6	П	A federal, state, or local gove		ntal unit described in s	ection 1	70(b)(1)	(A)(v).				
7		An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	t or from the general pul	olic described			
8		A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	II.)						
9		An agricultural research organi or university or a non-land-grar university:	nt college of agriculture	(see instructions). Enter	ated in o	onjunctione, city, a	on with a land-grant college of the	ege or			
10	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11											
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а		Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elect	d or controlled by its sur	anorted c	rcanizati	on(s) typically by giving	the supported on. <b>You must</b>			
b		Type II. A supporting organiz management of the supporting must complete Part IV, Section 1.	ration supervised or coorganization vested in	ontrolled in connection the same persons that c	with its ontrol or	supporte manage	ed organization(s), by the supported organizat	having control or ion(s) <b>. You</b>			
c		Type III functionally integrated organization(s) (see instructi		ion operated in connection	n with, a <b>A. D. an</b>	nd functio	onally integrated with, its	supported			
d		Type III non-functionally integrated. The constructions). You must com	ented. A curporting ord	anization operated in cor	nection	with its s	unnorted organization(s)	that is not			
e		Check this box if the organiz- integrated, or Type III non-fu	ation received a writtenctionally integrated.	en determination from supporting organizatior	the IRS	that it is	a Type I, Type II, Typ	e III functionally			
		ter the number of supported									
		ovide the following information	·····				(v) Amount of monetary	(vi) Amount of other			
(	) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organiza in your ç docui	s the tion listed loverning nent?	support (see instructions)	support (see instruction			
					Yes	No					
(A)							- Andrews				
(B)											
(C)											
(D)			***************************************		"						
(E)								***	_		
Total											

Schedule A (Form 990 or 990-EZ) 2018 TENNESSEE ASSOCIATION FOR CHILDRENS 23-7037075

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

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

Sec	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·		
begi	ndar year (or fiscal year nning in) ►	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization'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				Western College		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		·	***********			
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					iii N ii i	Melitarium au c
	Total support. Add lines 7 through 10						
	Gross receipts from related activ						
	<b>First five years.</b> If the Form 990 is organization, check this box and	stop here		nird, fourth, or fifth t	tax year as a sectio	n 501(c)(3)	<b>-</b> []
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	)18 (line 6, columi	n (f) divided by li	ne 11, column (t))			% %
	Public support percentage from						
	33-1/3% support test—2018. If t and stop here. The organization	qualifies as a put	oliciy supported d	organization	· · · · · · · · · · · · · · · · · · ·		····························
Ь	33-1/3% support test—2017. If the and stop here. The organization	ne organization did qualifies as a pu	d not check a box blicly supported (	on line 13 or 16a organization	a, and line 15 is 33	3-1/3% or more, ch	eck this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	's' test, check this	hox and stop her	e. Explain in Part \	/Inow
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and <b>stop ner</b> a publicly supporte	e. Explain in Part \ ed organization	► [
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check thi	s box and see insti	ructions
BAA					Sch	edule A (Form 990	or 990-EZ) 2018

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Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caleni	lar year (or fiscal year beginning in) 🟲	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
į	Gifts, grants, contributions, and membership fees received. (Do not include			,			
	any 'unusual grants.')	36,144.	39,795.	31,054.	26,476.	19,857.	153,326.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.		97,495.	86,577.	66,607.	39,105.	376,516.
2	Gross receipts from activities	86,732.	91,495.	60,311.	00,007.	39,103.	3/0,310.
	that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	122,876.	137,290.	117,631.	93,083.	58,962.	529,842.
<b>7</b> a	Amounts included on lines 1, 2, and 3 received from disgualified persons	0.	0.	0.	0.	0.	0.
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			u äutiv			_
	for the year.	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line 7c from line 6.)						529,842.
Sec	tion B. Total Support				,		
	dar year (or fiscal year beginning in) 🟲	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
_	Amounts from line 6	122,876.	137,290.	117,631.	93,083.	58,962.	529,842.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	122.	66.	124.	125.	104.	541.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					4.04	<u>0.</u>
_	Add lines 10a and 10b  Net income from unrelated business	122.	66.	124.	125.	104.	541.
••	activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	2 000	2 210	2 262	2 025	3 161	10 576
13	<b>Total support.</b> (Add lines 9, 10c. 11, and 12.)	3,808. 126,806.	3,310. 140,666.	3,262. 121,017.	2,035. 95,243.	1,161. 60,227.	13,576. 543,959.
14	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, secon	d, third, fourth, or	r fifth tax year as	a section 501(c)(3	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
15	Public support percentage for 20	18 (line 8, columr	(f), divided by lin	ne 13, column (f))			97.40 <sup>용</sup>
	Public support percentage from 2					16	98.19 %
	tion D. Computation of Inv			·			
	Investment income percentage for	•		-	• • • •		0.10 %
	Investment income percentage fi						0.07 %
	<b>33-1/3% support tests—2018.</b> If t is not more than 33-1/3%, check	this box and <b>stor</b>	here. The organ	ization qualifies a	s a publicly suppo	orted organization	► 🔼
	<b>33-1/3% support tests—2017.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box a	nd <b>stop here.</b> The	e organization qua	alifies as a publicl	y supported organ	ization 🏲 📘
	-						inar

### 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		810(22/0)
	<b>b</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 <b>Part VI</b> when and how the organization made the determination.	3b		50.000
ı	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		100 (100) (100 100 (200 (100)
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		100000
1	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.	4b		
,	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5	a 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ı	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?	5b		
•	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с	40×14××××××	
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 <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L. (Form 990 or 990-EZ).	8		
98	a 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 <b>Part VI</b> .	9a		
ı	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.	9b	1802/192	
(	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.	9c	(021/2015)	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
L	Pid the erganization have any excess hydroger holdings in the tay year? (Lee Schedule C. Form 4720 to determine			

10b

**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.)

۲í	art iv Supporting Organizations (continued)			
	Has the organization accepted a gift or contribution from any of the following persons?	1500 H 1500 A	Yes	No
11	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			\$10000000
	governing body of a supported organization?	11a		
	<b>b</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		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove			
	directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1		
2	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	ANGERO SECOND	
Se	ection C. Type II Supporting Organizations	1		
		inskláste	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
	······································	85519067	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection 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).			
	a 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.	-4	4:V	
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struc	tions).	•
2	2 Activities Test. Answer (a) and (b) below.	\$21050	Yes	No
	a 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>b</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 activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	900000	
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard.</i>	3b	<u> </u>	

Sche	dule A (Form 990 or 990-EZ) 2018 TENNESSEE ASSOCIATION FOR CHILD			37075 Page <b>6</b>
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trusinstructions. All other Type III non-functionally integrated supporting organization	t on N	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion 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):	(1) (3) 35 (6)		
a	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_	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	A71101701	
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		1.444.49404
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting org	anization

Schedule A (Form 990 or 990-EZ) 2018

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Pai	Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizat	tions (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt p	urposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	,		
3	Administrative expenses paid to accomplish exempt purposes of s			
4	Amounts paid to acquire exempt-use assets			
5	4		***************************************	
6	Other distributions (describe in Part VI). See instructions.	MATTALO		
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization ${\bf Part\ VI}$ ). See instructions.	tion is responsive (provide	details	
_ 9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018	25.0 (Ko. 10) 1284 (18. 1030 (18. 1297 (18. 1		000 000 000 000 000 000 000 000
а	From 2013			
ь	From 2014			
	From 2015			
d	From 2016			
е	From 2017		CONTRACTOR CONTRACTOR CONTRACTOR	
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			100 / 100 / for 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 /
h	Applied to 2018 distributable amount			
Ī	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			and the state of t
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

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Schedule A (Form 990 or 990-EZ) 2018

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

#### **PART III, LINE 12 - OTHER INCOME**

NATURE AND SOURCE	 2018	 2017	 2016	 2015	 2014
FUNDRAISING ACTIVITIES STIPEND	\$ 1,161.	\$ 2,035.	\$ 2,262. 1,000.	\$ 2,310. 1,000.	\$ 2,808. 1,000.
TOTAL	\$ 1,161.	\$ 2,035.	\$ 3,262.	\$ 3,310.	\$ 3,808.

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	oxy Tax) (see separate inst Section 501(c)(4), (5), or (	tructions), then (6) organizations: Complete Part III.		·	
Name		SSEE ASSOCIATION FOR CHILDS	ENS	Employer identifi	
Pa		e organization is exempt under se	ction 501(c) or is a		
30.000	Provide a description of	the organization's direct and indirect polition nition of 'political campaign activities')	• •	<del></del>	
2	Political campaign activity	ty expenditures (see instructions)		<b>&gt;</b>	\$
3	Volunteer hours for politi	ical campaign activities (see instructions)			
Pa	rt I-B   Complete if the	e organization is exempt under se	ction 501(c)(3).		
1	Enter the amount of any	excise tax incurred by the organization un	der section 4955	≯;	
2	Enter the amount of any	excise tax incurred by organization manage	gers under section 4955		90.
3	If the organization incurr	ed a section 4955 tax, did it file Form 4720	for this year?		Yes No
4:	a Was a correction made?.				Yes No
	<b>b</b> If 'Yes,' describe in Part				
Pai	rt I-C Complete if the	e organization is exempt under se	ction 501(c), exce	pt section 501(c)(3)	),
1	Enter the amount directly	y expended by the filing organization for se	ection 527 exempt funct	ion activities 🟲 :	\$
2	Enter the amount of the 527 exempt function acti	filing organization's funds contributed to of vities	her organizations for se	ection	\$
3	Total exempt function ex line 17b	penditures. Add lines 1 and 2. Enter here	and on Form 1120-POL	, 	\$
4	Did the filing organization	n file Form 1120-POL for this year?			Yes No
5	organization made paym amount of political contribu	ses and employer identification number (E ents. For each organization listed, enter that utions received that were promptly and directly itical action committee (PAC). If additional	e amount paid from the delivered to a separate i	: filing organization's fur political organization, sucl	nds. Also enter the
	(a) 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	<del> </del>				

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

Schedule C (Form 990 or 990-EZ) 2018

Schedule (	C (Form	990 or 99	0-EZ) 2018	TEMMECCEE	ASSOCTATION	FOD	CUTTOPENS
Delicaule (	o (com	300 0, 00	·	TERMINESSEE.	ASSULTATION	ruk	1.611.008.005

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Page 2

Part II-A Complete if section 501(		n is exempt under sec	ction 501(c)(3) and	l filed Form 5768 (e	election under
		gs to an affiliated group (and	list in Part IV each affili	ated group member's nan	ne.
· · · · · · · · · · · · · · · · · · ·	<del>-</del> -	nd share of excess lobbying		<b>5-</b>	,
		ecked box A and 'limited cor	• •		
					dia APP-1-3
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incurr	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence pu	ublic opinion (grass roots lol	bbying)		
<b>b</b> Total lobbying expenditu	ures to influence a	legislative body (direct lobb	ying)		
		and 1 b)			
e Total exempt purpose e	xpenditures (add li	nes 1c and 1d)			
		nount from the following tab			
If the amount on line 1e, colu	umn (a) or (b) is:	The lobbying nontaxable a	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,	000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.	12 (0.00) (0.00) (0.00)	
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess of	ver \$1,500,000.		
Over \$17,000,000		\$1,000,000.		187 USI 65 (45 Biyadi 76 06 V	
		of line 1f)			
		s, enter -0			
i Subtract line 1f from line	e 1c. If zero or less	s, enter -0			
j If there is an amount othe section 4911 tax for this	r than zero on eithe year?	r line 1h or line 1i, did the org	anization file Form 4720	reporting	Yes No
(Som	e organizations the	4-Year Averaging Period U at made a section 501(h) ele elow. See the separate instr	ection do not have to	complete all of the five grough 2f.)	
		bying Expenditures During	11.00.00		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures			an and any hill have been accounted to a second	ANNUAL CONTRACTOR CONT	
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Schodulo C /For	m 990 or 990-EZ) 2018
BAA				Schedule C (FO	111 220 O1 220 EAJ AUTO

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)).

	(z	1)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No		Amoun	t
SEE PART IV 1 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:					
a Volunteers?		Χ	30 38 59		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х			
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?	X				
e Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?		Χ			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	***************************************		***************************************	***************************************
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X				
i Other activities?	X			5	,000.
j Total. Add lines 1c through 1i,	2000000			5	,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Χ	1311/15/15/15/15/15/15/15/15/15/15/15/15/1	337000000000000000000000000000000000000	sericana ale
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			AND PARTIES AND	Personal Indonesia Adellies	W.221.3.240.740.710
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					,
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				10 Kg 46	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
				Ye	s No
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	prior ye	ear?		3	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5), Part l	or s II-A,	ection line 3,	1 501(d , is	:)
1 Dues, assessments and similar amounts from members	· · · <i>· ·</i> ·	1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
<b>b</b> Carryover from last year.	[	2b			
<b>c</b> Total	[	2с			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4. If notices were cent and the amount on line 2s exceeds the amount on line 3, what notion of the excess	Ī				

#### Part IV Supplemental Information

Provide 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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

#### PART II-B - DESCRIPTION OF LOBBYING ACTIVITY

expenditure next year?.....

5 Taxable amount of lobbying and political expenditures (see instructions) . . . .

THE ORGANIZATION PAYS AN ADVOCATE \$5,000 TO WORK ON BEHALF OF TENNESSEE'S CHILDREN, KEEPING THE ORGANIZATION INFORMED OF BILLS AND ISSUES THAT DIRECTLY IMPACT THE CHILD CARE PROFESSION AND BEST PRACTICE FOR CHILD CARE AND EDUCATION OF THE YOUNG CHILD.

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#### SCHEDULE O (Form 990 or 990-EZ)

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

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

Attach to Form 990 or 990-EZ.

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TENNESSEE ASSOCIATION FOR CHILDRENS EARLY EDUCATION

Employer identification number 23-7037075

#### FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

THE ORGANIZATION HAS MEMBERS THAT PAY MEMBERSHIP DUES AND HAVE THE ABILITY TO VOTE ON GOVERNANCE ISSUES OF THE ORGANIZATION.

#### FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE MEMBERSHIP VOTES FOR ALL EXECUTIVE BOARD OFFICERS: PRESIDENT, VICE PRESIDENT, VICE PRESIDENT-ELECT, SECRETARY, TREASURER, SECA REP, AND NOMINATING CHAIRS FOR EAST, MIDDLE, AND WEST TN.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS
CHANGES TO BY-LAWS AND ELECTING OFFICERS ARE SUBJECT TO THE APPROVAL OF THE

MEMBERSHIP. MEMBERSHIP MUST BE CURRENT BEFORE VOTING IS PERMITTED.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS FORMALLY REVIEWED BY THE FINANCE AND EXECUTIVE COMMITTEE. THE 990 IS SENT TO THE ENTIRE BOARD FOR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY AT THE BEGINNING OF THEIR TWO YEAR TERM. IF A SITUATION IS IDENTIFIED, WE WILL ADDRESS THIS ISSUE WITH THE EXECUTIVE BOARD.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE TENNESSEE ASSOCIATION FOR CHILDRENS EARLY EDUCATION, INC. HAS ONE EMPLOYEE AS DESCRIBED BELOW. THE ORGANIZTION DOES NOT EMPLOY A CEO/EXECUTIVE DIRECTOR.

THE ORGANIZATION EMPLOYS AN OFFICE MANAGER TO HANDLE THE DAILY OPERATIONS. THERE IS A PERSONNEL COMMITTEE THAT REVIEWS THE PERFORMANCE OF THE OFFICE MANAGER AND THEY MAKE RECOMMENDATIONS TO THE EXECUTIVE BOARD AND THEN THE FULL BOARD.

Name of the organization TENNESSEE ASSOCIATION FOR CHILDRENS EARLY EDUCATION

Employer identification number

23-7037075

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AND MADE AVAILABLE TO ALL BOARD MEMBERS.

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### **FEDERAL WORKSHEETS**

PAGE 1

# TENNESSEE ASSOCIATION FOR CHILDRENS EARLY EDUCATION

23-7037075

6/11/19

10:07AM

# FORM 990, PART III, LINE 4E PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	63,289.	0.	PART IX, LINE 25, COL. B
GRANTS	0.		PART IX, LINES 1-3, COL. B
REVENUE	56,190.		PART VIII, LINE 2, COL. A

#### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
PAYROLL PROCESSING FEES		600.	450.	150.	
	TOTAL	\$ 600.	\$ <u>450.</u>	<u>\$ 150.</u>	\$ 0.

# FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
BANK FEES BENEVOLENT	116. 225.	225.	116.	
MISCELLANEOUS TELEPHONE	1,224. 550.	413.	1,224. 137.	
WEBSITE (TECH SUPPORT)	TOTAL $\frac{312.}{$2,427.}$	\$ 234. \$ 872.	78. \$ 1,555.	\$ 0.