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TIN: 20-5478191

OMB No. 1545-0047

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.

▶ Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>.

Inspection

A For the 2018 calenda	ar year, or tax year beginning 07-01-2018 , and ending 06-30-201	9										
• Check if applicable:	me of organization xas Charter Schools Association		D Employer id	dentification number								
Address change Name change			26-29207	98								
	ing business as											
Final return/terminated			E Telephone nu	ımber								
	Imber and street (or P.O. box if mail is not delivered to street address) Room/sui 01 S Capital of TX Hwy Suite 330	te	(512) 584									
	y or town, state or province, country, and ZIP or foreign postal code stin, TX 78704		G Gross receipt	s \$ 4,782,002								
F	Name and address of principal officer:	H(a) Is this	a group retur	n for								
380	01 S Capital of TX Hwy Suite 330		dinates? I subordinates	Yes V No								
Aus	stin,TX 78704	includ		Yes 🗸 No								
I Tax-exempt status:	501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527		•	. (see instructions)								
J Website: ▶ www.txc	harterschools.org	H(C) Group	exemption nu	mber 🕨								
K Form of organization.	Corporation Trust Association Other	L Year of fo	rmation: 2008									
M State of legal domicile: To												
J												
Part I Summa	ry											
,	e the organization's mission or most significant activities:	abaala af all to										
627	embership organization dedicated to promoting effective charter so	chools of all ty	ypes.									
<u> </u>												
2 Check this box												
2 Charly this have	□ if the augmination disceptioned its apprehiums or dispessed of m	ara than 250/	of its not non	ata								
200	$lacksquare$ if the organization discontinued its operations or disposed of m ting members of the governing body (Part VI, line 1a) \ldots	iore than 25%	or its net ass	ets. 3								
4 Number of inc			•	4 17								
5 Total number												
4 Number of inc 5 Total number 6 Total number												
	7a Total unrelated business revenue from Part VIII, column (C), line 12											
7a Total unrelate	ed business revenue from Part VIII, column (C), line 12			7a 220,178								
	business revenue from Part VIII, column (C), line 12			7b -9,738								
		<u></u>	or Year									
b Net unrelated		<u></u>	• • or Year 506,290	7b -9,738								
8 Contributions 9 Program serv	and grants (Part VIII, line 1h)	<u></u>		7b								
8 Contributions 9 Program serv 10 Investment in	and grants (Part VIII, line 1h)	<u></u>	506,290 2,453,789 14	7b								
8 Contributions 9 Program serv 10 Investment in 11 Other revenu	and grants (Part VIII, line 1h)	Pri	506,290 2,453,789 14 87,375	7b								
8 Contributions 9 Program serv 10 Investment ir 11 Other revenu	and grants (Part VIII, line 1h)	Pri	506,290 2,453,789 14 87,375 3,047,468	7b								
8 Contributions 9 Program serv 10 Investment in 11 Other revenue 12 Total revenue 13 Grants and si	and grants (Part VIII, line 1h)	Pri	506,290 2,453,789 14 87,375	7b								
8 Contributions 9 Program serv 10 Investment in 11 Other revenu 12 Total revenue 13 Grants and si 14 Benefits paid	and grants (Part VIII, line 1h)	Pri	506,290 2,453,789 14 87,375 3,047,468 24,000	7b								
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8 Contributions 9 Program serv 10 Investment in 11 Other revenu 12 Total revenue 13 Grants and si 14 Benefits paid 15 Salaries, othe 16a Professional in b Total fundraising	and grants (Part VIII, line 1h)	Pri	506,290 2,453,789 14 87,375 3,047,468 24,000	7b Current Year 1,873,870 2,809,101 31 99,000 4,782,002 158,862 0 1,728,278								
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Form	990 (2018)				Page 2
Par	Statement	of Program Service A	ccomplishments		
	Check if Sche	dule O contains a response o	or note to any line in this Part I	II	[
1	Briefly describe the	organization's mission:			
A sta	tewide membership o	rganization dedicated to pro	moting effective charter schools	of all types.	
2	Did the organization	undertake any significant nr	ogram services during the year	which were not listed on	
_	the prior Form 990 o	or 990-EZ?		· · · · · · ·	☐Yes 🔽 No
	•	ese new services on Schedu			
3	•	cease conducting, or make s	significant changes in how it cor	nducts, any program	Yes V No
	If "Yes," describe th	ese changes on Schedule O.			
4	expenses. Section 5		implishments for each of its thr nizations are required to report program service reported.		
4a	(Code:) (Expenses \$	3,406,364 including grants of \$) (Revenue \$)
	protects the special mit training requirements.3	ssion of member schools. 2. Membe	nctions:1. Advocacy - TCSA promotes a er Services - TCSA provides services at the public about charter schools and the	nd professional development to help	member schools meet their
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program ser	vices (Describe in Schedule	0.)		
	(Expenses \$	•	g grants of \$) (Revenue \$)
40	Total program serv		406 364	<u> </u>	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 📆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		Νo
4	Section 501(c)(3) organizations. · · · · · · · · · · · · · · · · · · ·	4	Yes	
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		No
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		No
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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
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		No
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		Νο
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		Νo
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Νο
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		Νο
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		Νo
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		Νo
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		Νo
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		Νo
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	orm 99	0 (201

Form	990 (2018)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		Νο
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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		No
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		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
_	Part IV	28a		
No				
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		Νο
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		Νο
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		No
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		Νo
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
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		No
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	Yes	0 (2018)
			- ~ rm 00	n / 2010'

Pa	Statements Regarding Other IRS Filings and Tax Com Check if Schedule O contains a response or note to any line			V			. г
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1	1a	1 4			
		_					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	e .	1b	0			
		_					
С	Did the organization comply with backup withholding rules for reportable pays	ments to	ven	dors and reportable			
	gaming (gambling) winnings to prize winners?	i	•		1c	<u> </u>	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage a Tax Statements, filed for the calendar year ending with or within the year cov						
	by this return		2a	2 1			
b	If at least one is reported on line 2a, did the organization file all required fede	eral emp	loym	ent tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required	to e-file	(see	instructions)			
2-	Did the consciention have considered business considerates of \$1,000 cm and				l a- 1	l v l	
	Did the organization have unrelated business gross income of \$1,000 or mor	_		•	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an example At any time during the calendar year, did the organization have an interest in	•			3b	Yes	
40	over, a financial account in a foreign country (such as a bank account, securi						
	account)?				4a		Νo
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Fore	ian Dani		L Financial Accounts			
	(FBAR).	eigii baiii	K allu	Fillalicial Accounts			
			- 44 -		-		N
	Was the organization a party to a prohibited tax shelter transaction at any tin Did any taxable party notify the organization that it was or is a party to a pro		-	,	5a		N o N o
		ombited	lax S	neiter transaction:	5b		NO
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 t	than \$10	00.00	0, and did the	6a		Νο
	organization solicit any contributions that were not tax deductible as charita						
b	If "Yes," did the organization include with every solicitation an express state	ement th	at su	ch contributions or gifts	C L		
-	were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(C	٠).			i		
_	Did the organization receive a payment in excess of \$75 made partly as a co	ntributio	n an	d partly for goods and	7a	l I	Νo
а	services provided to the payor?	• •		· · · ·	/a		NO
b	If "Yes," did the organization notify the donor of the value of the goods or set	rvices pr	ovide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal	l propert	y for	which it was required to			
	file Form 8282?		_ :		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d	0			
е	Did the organization receive any funds, directly or indirectly, to pay premium	ns on a p	ersor	nal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on	n a nerso	nal h	enefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, d	•					110
9	required?		· •	zacion me romi ooss as	7 g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other	vehicles	, did	the organization file a			
_	Form 1098-C?		•		7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have ex	cess bu	sines	s holdings at any time			
	during the year?				8		
N c					i [ı ı	
	Did the sponsoring organization make any taxable distributions under section				9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor	r, or rela	ted p	person?	9b		No
10	Section 501(c)(7) organizations. Enter:						
_	Initiation food and capital contributions included an Part VIII. line 12	1	10-				
a	Initiation fees and capital contributions included on Part VIII, line 12	• • [10a	1			
h	Gross receipts, included on Form 000, Part VIII, line 12, for public use of all	uh I	10b	İ			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of clicilities	uυ	TOD	<u> </u>			
11	Section 501(c)(12) organizations. Enter:						
	Section Solicy(LL) organizations. Lincol.						
2	Gross income from members or shareholders	. 1	11a				
a			4	<u> </u>			
b	Gross income from other sources (Do not net amounts due or paid to other s	sources		I			
_	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?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		No
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			
С	Enter the amount of reserves on hand	_		
			1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Fo	orm 990	(2018)

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 $\,\cdot\,\,$. $\,\cdot\,\,$. $\,$. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 17 vear 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Νo Did the organization delegate control over management duties customarily performed by or under the direct Νo 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was Νo 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . Νo 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the vear by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Νo Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . Νo **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) No Νo **10a** Did the organization have local chapters, branches, or affiliates? 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

IIa	the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by			

а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		Νo
h	If "Yes " did the organization follow a written policy or procedure requiring the organization to evaluate its			

	•			_				_	
organization's	exempt status	with respect to	such arrangements	?.					
3	•	·	3						

L7	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicab

Section C. Disclosure

ole), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)

participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records: ▶Starlee Coleman 3801 S Capital of TX Hwy Suite 330 Austin, TX 78704 (512) 584-8272

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

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, or 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.

compensated employees; and former such p Check this box if neither the organization		organiz	ation	cor	npe	nsate	d ar	ny current officer,	director, or truste	e.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	unles	ore th	nan rsor cer a or/t	not one n is and rus			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Tom Castro	1.00					0				
Chair	0.00	Х		Х				0	0	0
(2) Chris Barbic	1.00									
Vice-Chair	0.00	Х		Х				0	0	0
(3) Kathleen Zimmerman	1.00									
Secretary	0.00	X		Х				0	0	0
(4) Stacy Alton	1.00	1								
Director		Х						0	0	0
(5) John Armbrust	1.00									
Director	0.00	Х						0	0	0
(6) Faith Ay	1.00									
Director	0.00	Х						0	0	0
(7) Richard Baumgartner	1.00	1								
Director		Х						0	0	0
(8) Eddie Conger	1.00									
Director		Х						0	0	0
(9) Lori Fey	1.00									
Director		Х						0	0	0
(10) Jennifer Goodman	1.00									
Director		Х						0	0	0
(11) JoAnn Gama	1.00	-								
Director		Х						0	0	0
(12) Virginia Lannen	0.00 1.00	-								
Director		Х						0	0	0
	1.00									
(13) Joe Hoffer		Х						0	0	0
Director Catalogue Catalog	1.00									
(14) Yvette Ostolaza Director		Х						0	0	0
(15) Sehba Ali Director	1.00	х						0	0	0
(16) George Pedraza Director	1.00	х						0	0	0
(17) Brent Wilson	1.00	Х						0	0	0
Director	0.00]	· ·	

Periscope Strategies LLC

\$100,000 of compensation from the organization \blacktriangleright 3

2940 E 14th Street Austin, TX 78702

Form 990 (2018)											Page 8
(A) Name and Title	(B) Average hours per week (list any hours for related	more pers	than on is	one bot	no e bo th a	t chec x, unl n offic rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estim amount of compen from organiz	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	and re organiz	lated
(18) Starlee Coleman	45.00			Х				187,500	0		4,133
CEO	0.00							107,500			.,,200
(19) Christine Nishimura	45.00					Х		130,465	0		13,448
General Counsel (20) Bruce Marchand	0.00										
	45.00					Х		110,000	0		8,190
COO/Dir of Train (21) Shree Medlock	0.00 45.00										
VP Strategic Eng	0.00					Х		107,161	0		11,935
Vr Strategic Ling	0.00										
Part VII Section A. Officers, Directors	s, Trustees, K	ey En	plo	yee	s, a	nd Hi	ighe	est Compensated	d Employees (co	ntinued)	
1b Sub-Total)	•					
c Total from continuation sheets to Part V	II, Section A .				•	•					
d Total (add lines 1b and 1c)					-	•		535,126			37,706
Total number of individuals (including b \$100,000 of reportable compensation f				ed a	bov	e) who	o re	ceived more than			
										Yes	No
3 Did the organization list any former off on line 1a? <i>If "Yes," complete Schedule</i> .				•		oyee,	or h •	ighest compensate	ed employee		
N o											
4 For any individual listed on line 1a, is the organization and related organizations individual									om the	Yes	
			•	•	•	•	•		•		
5 Did any person listed on line 1a receive	or accrue com	pensat	ion f	rom	any	unre	late	d organization or i	ndividual for		
services rendered to the organization?	f "Yes," complet	te Sche	dule	J foi	r su	ch pers	son		5		
N o											
Section B. Independent Contractor Complete this table for your five higher		Lindon	ondo	nt c	ont	ractor	c th	at received more t	han \$100 000 of		
compensation from the organization. Re										tax year.	
Name and h	(A) ousiness address							Descript	(B) tion of services	Comper	
Greenberg Traurig	Jasiness dudi ess							Legal	CION OF SCIVICES	Compe	188,050
300 W 6th Street 2050											
Austin, TX 78701 School Forward LLC								DD /Education //	Comm	-	113 260
								PR/Education/0	JOHHII		113,369
6860 SYosemite Ct Ste 2000 Centennial, CO 80112											

2 Total number of independent contractors (including but not limited to those listed above) who received more than

105,500

Consulting/Advocacy

Part \	/III Statement of Reven	ue					Page 9
	Check if Schedule O conta	ains a re	esponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	 1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 	1a 1b 1c 1d 1e	- - -				
Contribu and Othe	All other contributions, gifts, grants and similar amounts not included above Noncash contributions inclu		_	1,873,870			
	in lines 1a-1f:\$ h Total.Add lines 1a-1f			1,873,870			
Program Service Revenue	2a Conference	<u>· · · </u>	Business Code	798,969			798,969
e Be	b Membership Dues & Assessments			1,404,627	1,404,627		
rvice	C Programs			605,505	484,327	121,178	
Sel	e						
gran	f All other program service rev	enue.					
Prog	g Total.Add lines 2a-2f		2,809,101				
Other Revenue	6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)	Real curities ing ions ndraisin	(ii) Personal (iii) Personal (iii) Other		0		31
	c Net income or (loss) from ga 10a Gross sales of inventory, les returns and allowances . b Less: cost of goods sold . c Net income or (loss) from sa		a		0		
					1	1	i

Miscellaneous Revenue	Business Code				
11a Solution Provider Members		99,000		99,000	
b					
с					
d All other revenue					
e Total. Add lines 11a-11d		99,000			
12 Total revenue. See Instructions		4.782.002	1.888.954	220,178	799,000

799,000 Form **990** (2018)

For	m 990 (2018)				Page 10
	ITLIX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all	Leolumne All other	organizations must	complete column	Δ)
360	Check if Schedule O contains a response or note to a		-	•	.
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 158,862 158,862		expenses	general expenses	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
	Benefits paid to or for members	0			
	Compensation of current officers, directors, trustees, and key employees	187,500	131,250	56,250	
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			
7	Other salaries and wages	1,269,437	1,088,934	161,993	18,510
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20.022	22.754	4.012	265
9	Other employee benefits	38,932 119,761	33,754 99,502	4,813 19,186	365 1,073
	Payroll taxes	112,648	93,910	17,286	1,452
	Fees for services (non-employees):	112,010	33,310	17,200	1,132
	Management	0			
ı	Legal	0			
(: Accounting	0			
(l Lobbying	0			
•	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
ģ	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,295,848	968,002	310,346	17,500
12	Advertising and promotion	0	300,002	310,310	17,500
	Office expenses	28,541	15,453	13,088	
	Information technology	26,480	10,457	16,023	
15	Royalties	0		•	
16	Occupancy	336,892	211,313	125,579	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	589,931	542,150	47,117	664
20	Interest	0			
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	486		486	
	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.)	15,683	5,273	10,410	
	a Supplies	30,495	7,821	22,674	
	b Bank fees	30,495	7,021	22,074	
	c Postage and Shipping	19,109	18,540	569	
		9,755	7,468	2,287	
	d Books, subscriptions & referen	9,727	7,287	2,440	
	e All other expenses	15,981	6,388	9,593	
	Total functional expenses. Add lines 1 through 24e	4,266,068	3,406,364	820,140	39,564
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 900 (2018)

Dart Y	Ralance	Shoot

		Balance Sheet							Page 11
Ľ	art A	_	TV						_
		Check if Schedule O contains a response or note to any line in this P	art IX		(A)	· · ·	•	· · ·	<u> </u> (B)
				Begin	יר) ning of	year			of year
	1	-	!	816,277				779,338	
	Cash-	-non-interest-bearing			1				
	2			3,711				3,742	
	Savin	gs and temporary cash investments			2				
	.3			211,016	•			732,556	
	Pledg	es and grants receivable, net			3				
	4			33,915	•			22,219	
	Αςςοι	unts receivable, net			4				
	5								
	Loans	and other receivables from current and former officers, directors,							
		ees, key employees, and highest compensated employees. Complete II of Schedule L			5			0	
	6	If of Schedule L							
	Loans	s and other receivables from other disqualified persons (as defined							
		r section 4958(f)(1)), persons described in section 4958(c)(3)(B), contributing employers and sponsoring organizations of section 501(c)							
		oluntary employees' beneficiary organizations (see instructions)							
	Comp	olete Part II of Schedule L			6				
								0	
22	7							0	
ssets	Notes	s and loans receivable, net			7				
AS	8							0	
7	Inver	ntories for sale or use			8				
	9			38,486				45,201	
	Prepa	aid expenses and deferred charges			9				
	10a	Land, buildings, and equipment: cost or		120.210					
		other basis. Complete Part VI of Schedule D 10a		130,218					
		Less: accumulated depreciation 10b		113,268			10c	_	16,95
	11				i			0	
		stments—publicly traded securities .			11				
	12				l			0	
		stments—other securities. See Part IV, line 11			12				
	13				l			0	
		tments—program-related. See Part IV, line 11			13				
	14							0	
		gible assets		6,729	14			22,851	
	15			0,729	ـــ ا			22,001	
		r assets. See Part IV, line 11			15				
	16	-		4 440 404				4 000 057	
	•	assets.Add lines 1 through 15 (must equal line 34)		1,110,134	16	100 550	4-	1,622,857	000 000
	17	Accounts payable and accrued expenses				106,556	17		286,262
	18	Grants payable				000 040	18		750 100
	19	Deferred revenue				939,049	19		756,132
	20	Tax-exempt bond liabilities					20		
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21		
Ξ	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and							
Liabilities		persons from plete Part II of Schedule L					22		
	23	Secured mortgages and notes payable to unrelated third parties .					23		
	24	Unsecured notes and loans payable to unrelated third parties					24		
	25	Other liabilities (including federal income tax, payables to related thir	·d				25		
		parties, and other liabilities not included on lines 17-24).							
		Complete Part X of Schedule D				1 0 1 5 0 0 5	26		1.010.001
-	26	Total liabilities. Add lines 17 through 25				1,045,605	26		1,042,394
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗸 and complete lines 27 through 29, and lines 33 and 34.							
an		Unrestricted net assets				-324,795	27		-305,401
Bal	28	Temporarily restricted net assets				389,324	28		885,864
ρl	29	Permanently restricted net assets					29		
Full		Organizations that do not follow SFAS 117 (ASC 958), check here ▶							
or		and complete lines 30 through 34.							
ts		Capital stock or trust principal, or current funds					30		
Assets or Fund Balances		Paid-in or capital surplus, or land, building or equipment fund	•				31		
-		Retained earnings, endowment, accumulated income, or other funds					32		
Net		Total net assets or fund balances				64,529	33		580,463
	34	Total liabilities and het assets/fund balances	ļ			1,110,134	34	ا _	1,622,857
								Fo	rm 990 (2018

orm	990 (2018)		P	age 12
Par	t XI Reconcilliation 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	4.7	82,002
2	Total expenses (must equal Part IX, column (A), line 25)	2	•	66,068
3	Revenue less expenses. Subtract line 2 from line 1	3	5	15,934
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		64,529
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		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	5	80,463
Par	t XIII The Pinancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		 	. [
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	-		

	check in Schedule S contains a response of note to any line in this rate XII	-		- L
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
			ı	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	_	Νo
	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	Yes	
	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:			

■ Both consolidated and separate basis Separate basis Consolidated basis

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? If the organization changed either its oversight process or selection process during the tax year, explain in

Yes

Schedule O.

2c

За

3b

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

Νo

Single Audit Act and OMB Circular A-133? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2018)	Page 13							
Additional Data	Return to Form							
Software ID: 18007218								
Software Version: 2018v3.1								
Form 990, Special Condition Description:								
Special Condition Description								

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 SCHEDULE A **Public Charity Status and Public Support** (Form 990 or Complete if the organization is a section 501(c)(3) organization or a section 990EZ) 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at Department of the Treasury Inspection www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** Texas Charter Schools Association 26-2920798 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section **170(b)(1)(A)(iv).** (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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. Seesection 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement

(see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Provide the following information about the supported organization(s).

Type of organization | Is the organization listed in

(iv)

(iii)

	(described on lines	your governir	ng document?	monetary support (see instructions)	support (see		
	1- 9 above or IRC section (see instructions))	Yes	No		instructions)		
Total							

(ii)EIN

(i)

Name of supported organization

(v)

Amount of

(vi)

Amount of other

P	art III Support Schedule for	r Organizatio	ns Described	in Sections 1	70(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
	(Complete only if you o							
S	Part III. If the organiza ection A. Public Support	ition rails to qu	ally under the	tests listed bei	ow, piease con	ipiete P	art III.,)
	endar year	(-) 3010	(b) 2011	(-)2012	(4)2012	(-) 201	0	(f)Total
(or	fiscal year beginning in) 🕨	(a)2010	(b) 2011	(c)2012	(d)2013	(e) 201	8	(f)Total
	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.")							
_	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
-	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 3							
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
5	Public support. Subtract line 5 from							
	line 4.							
	ection B. Total Support endar year	1	<u> </u>	1	1	1		
	endar year fiscal year beginning in) 🕨	(a)2010	(b) 2011	(c)2012	(d)2013	(e) 201	8	(f) Total
-	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties							
	and income from similar sources							
_	Not income from unvalated							
9	Net income from unrelated business activities, whether or not							
	the business is regularly carried on							
LO	 Other income. Do not include gain							
LU	or loss from the sale of capital							
	assets (Explain in Part VI.)							
L1	Total support Add lines 7 through 10.							
12	Gross receipts from related activitie	s, etc. (see instr	uctions)			12		
L3	First five years. If the Form 990 is for	or the organizatio	n's first, second,	third, fourth, or	fifth tax year as a	section	501(c)(3	
	organization, check this box and sto							▶□
S	ection C. Computation of Pub						1	
L4	Public support percentage for 2018 (•			14		
15 162	Public support percentage for 2013 33 1/3% support test—2018. If the or					15	chack t	nic hov
LUa	and stop here. The organization qual							
ь	33 1/3% support test—2013. If the							
	box and stop here. The organization							
L7a	10%-facts-and-circumstances test—							
	is 10% or more, and if the organization Part VI how the organization mee							
	organization			-	•			
h	10%-facts-and-circumstances test-							
U	15 is 10% or more, and if the organ							
	Explain in Part VI how the organiza	ition meets the "i	acts-and-circum	stances" test. Th	e organization qu	alifies a	s a publi	
	supported organization							▶□
18	Private foundation. If the organization	on did not check	a box on line 13,	, 16a, 16b, 17a,	or 17b, check this	box an	d see	- -

Schedule A (Form 990 or 990-EZ) 2018 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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.) Section A. Public Support Calendar year **(b)**2011 (c)2012 (d)2013 (a)2010 (e)2018 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and 11,385,233 3,240,621 1,872,176 1,336,669 1,657,270 3,278,497 membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services

290,693	346,171	313,900	294,985	484,327	1,730,076
632,223	636,657	622,970	831,760	798,969	3,522,579
					0
					0
4,163,537	2,855,004	2,273,539	2,784,015	4,561,793	16,637,888
2,275,000	1,420,076	400,000	500,000	1,793,112	6,388,188
					0
2,275,000	1,420,076	400,000	500,000	1,793,112	6,388,188
					10,249,700
<u> </u>					
	632,223 4,163,537 2,275,000	632,223 636,657 4,163,537 2,855,004 2,275,000 1,420,076	632,223 636,657 622,970 4,163,537 2,855,004 2,273,539 2,275,000 1,420,076 400,000	632,223 636,657 622,970 831,760 4,163,537 2,855,004 2,273,539 2,784,015 2,275,000 1,420,076 400,000 500,000	632,223 636,657 622,970 831,760 798,969 4,163,537 2,855,004 2,273,539 2,784,015 4,561,793 2,275,000 1,420,076 400,000 500,000 1,793,112

(c)2012

2,273,539

561

322,591

323,152

2,596,691

(d)2013

2,784,015

14

74,846

74,860

2,858,875

(e)2018

4,561,793

31

18,724

18,755

4,580,548

15

16

(b)2011

2,855,004

966

50,417

51,383

Calendar year		
(or fiscal year beginning	in)	-

or	fiscal	year	begin	ning	in)	•
•	۸		£	1:	_	

ι σ.	nocal year beginning in , -	
9	Amounts from line 6	
10a	Gross income from interest	٠.

10a	Gross income from interest
	dividends, payments receive
	securities loans rents roy

va	Gross medine from meerese,
	dividends, payments received on
	securities loans, rents, royalties
	and income from similar sources
b	Unrelated business taxable
	income (loss section F11 toyes)

income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. Net income from unrelated

line 10b, whether or not the business is regularly carried on. Other income. Do not include gain

or loss from the sale of capital assets (Explain in Part VI.) . .

business activities not included in

Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) 15

Public support percentage from 2013 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) 17

Investment income percentage from 2013 Schedule A, Part III, line 17. . 19a 33 1/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is

(a)2010

4,163,537

133,167

133,201

4,296,738

34

2,906,387

17 3.490 % 3.810 %

(f)Total

16,637,888

1,606

599,745

601,351

0

0

17,239,239

59.460 %

62.340 %

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

1

2

За

3b

3с

4a

4b

4c

5a

5b

5с

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of

was described in section 509(a)(1) or (2).

organization's organizing document?

"Yes," complete Part II of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

whether the organization had excess business holdings).

"Yes," answer b below.

you checked 11a or 11b in Part I, answer (b) and (c) below.

and (c) below.

7

made the determination.

Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I,

complete	Sections A and D, and complete Part V.)		
Section A.	All Supporting Organizations		
_		Yes	N

_ 5	ection A. An Supporting Organizations			
			Yes	No
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.	1		

Section A. All Supporting Of	ganizations			
		Ye	es	N
1 Are all of the organization's sup	ported 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.			

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

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

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).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the

Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,

Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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. 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

purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

50	ection A. All Supporting Organizations		
		Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		

	section A. An Supporting Organizations		
		Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?		

	edule A (Form 990 or 990-EZ) 2018		P	age 5
Pa	rt IV Supporting Organizations (continued)	1		
			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		
h	A family member of a person described in (a) above?	11b		
c		11c		
·	A 33 % controlled entity of a person described in (a) of (b) above: If the to a, b, of c, provide detail in tart v1.	110		
S	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 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		
S	ection 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 the supported organization(s).			
		1		
5	ection D. All Type III Supporting Organizations			
	ection b. An Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
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		
•	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 inst	ructio	ns).	
	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.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)	(see		
_		1	ı	1
2	Activities Test. Answer (a) and (b) below.		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 Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	7h		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
	 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		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of			
	its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

,, (,,,	٥.	,,,	,	

Pa	art V - Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Or	ganizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete	-		: instructions. All othe
	Section 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		<u> </u>
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		
	Section B - Minimum Asset Amount	\Box	(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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b	<u> </u>	
c	: Fair market value of other non-exempt-use assets	1c		
d	I Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		T
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		
		<u></u>		
—	Section 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	6		

Senedale A (101111 330 01 330 EZ) 2010			raye 7
Section D - Distributions			Current Year
Amounts paid to supported organizations to accompli			
2 Amounts paid to perform activity that directly furthers excess of income from activity			
3 Administrative expenses paid to accomplish exempt p			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval requi	ired)		
6 Other distributions (describe in Part VI). See instruc	tions		
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to details in Part VI). See instructions	which the organization is re	sponsive (provide	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
,			
Section 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 requiredsee instructions)			
3 Excess distributions carryover, if any, to 2018:			
a From 2009 X			
b From 2010 X			
c From 2011 X			
d From 2012 X			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years h Applied to 2018 distributable amount			
Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c 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 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a From 2010 X			
b From 2011 X			
c From 2012 X			
d From 2013			
e From 2018			(
		Schedule A	(Form 990 or 990-EZ) (2018)

Software Version: 2018v3.1

efile Public Visual Ro	ender	ObjectId: 001 - Submission	n: 2015-01-16		TIN: 20-5478191
Schedule B		Sched	ule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	►In	formation about Schedule B (o Form 990, 990-EZ, or 990-PF. Form 990, 990-EZ, or 990-PF) and its instruct <u>ww.irs.gov/form990</u> .	ions is at	2018
Name of the organization Texas Charter Schools		ion		Employer ide	entification number
-				26-292079	8
Organization type (ch	eck one).				
Filers of:	S	ection:			
Form 990 or 990-EZ		501(c)() (enter number) or	ganization		
		4947(a)(1) nonexempt charit	table trust not treated as a private foundation	1	
	Γ	527 political organization			
Form 990-PF		501(c)(3) exempt private fou	ndation		
		4947(a)(1) nonexempt charit	table trust treated as a private foundation		
		501(c)(3) taxable private fou	indation		
_	_		that received, during the year, contributions to that I. See instructions for determining a	_	
under sections 5 received from an	509(a)(1) ny one co	and 170(b)(1)(A)(vi), that chec	Form 990 or 990-EZ that met the 33 ¹ / ₃ % sup ked Schedule A (Form 990 or 990-EZ), Part I contributions of the greater of (1) \$5,000 or ts I and II.	I, line 13, 16a,	or 16b, and that
during the year,	total cont		or (10) filing Form 990 or 990-EZ that receive exclusively for religious, charitable, scientific lete Parts I, II, and III.		
during the year, this box is check purpose. Do not	contributi ked, enter complete	ons exclusively for religious, on the here the total contributions the any of the parts unless the G	or (10) filing Form 990 or 990-EZ that receive charitable, etc., purposes, but no such contributed that were received during the year for an exclusion because the properties of this organization because the properties of the pro	utions totaled usively religiou ause it receive	more than \$1,000. If is, charitable, etc.,
990-EZ, or 990-PF), but	it must a	nswer "No" on Part IV, line 2,	le and/or the Special Rules does not file Sche of its Form 990; or check the box on line H of does not meet the filing requirements of Sche	its	
For Paperwork Reduction for Form 990, 990-EZ, or 9		e, see the Instructions	Cat. No. 30613X Schedu	le B (Form 990,	990-EZ, or 990-PF) (2018)

Name of organization

Texas Charter Schools Association

Employer identification number 26-2920798

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
RESTRICTED			Person
REGITIOTES			Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
		Cohodulo D /Ea	orm 990 990-F7 or 990-PF) (2018

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

TIN: 20-5478191

OMB No. 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Political Campaign and Lobbying Activities

Open to Public Inspection

If the organization answered "Yes" to 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" to 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.

35c	e organization answered "Yes' (Proxy Tax) (see separate inst	tructions), then	ne 5 (Proxy Tax) (see sep	arate instructions) or Fo	rm 990-EZ, Part V, line
Na	Section 501(c)(4), (5), or (6) organ me of the organization cas Charter Schools Association	izations: Complete Part III.			tification number
Dar	t I-A Complete if the ord	ganization is exempt	under section 501/c	26-2920798	organization
Fall	Complete in the org	gamzation is exempt	under section 301(c	or is a section 327	organization.
1 2 3	Provide a description of the org			>	\$
	Volunteer hours t I-B Complete if the org	anization is exempt			
1	Enter the amount of any excise	•			 \$
2	Enter the amount of any excise	, ,			\$
3	If the organization incurred a s				⊤Yes ∨ No
4a	Was a correction made?				☐ Yes No
					res v No
b Par	If "Yes," describe in Part IV. t I-C Complete if the org	nanization is exemnt	under section 501(c	excent section 501	(c)(3)
1 2 3 4 5	Enter the amount directly expe Enter the amount of the filing of exempt function activities Total exempt function expendit Did the filing organization fileFor Enter the names, addresses an organization made payments. F amount of political contribution separate segregated fund or a	organization's funds contrib cures. Add lines 1 and 2. Er form 1120-POL for this year: d employer identification n or each organization listed, s received that were promp	uted to other organizations iter here and on Form 1120 iter here amount paid from the and directly delivered the amount paid form the and directly delivered the and directly delivered the amount paid from the amoun	for section 527 D-POL, line 17b 527 political organizations the filing organization's for a separate political organical organic	unds. Also enter the nization, such as a

Total lobbying expenditures (add lines 1a and 1b)

If the amount on line 1e, column (a) or (b) is:

Total exempt purpose expenditures (add lines 1c and 1d)

Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a. If zero or less, enter -0-. Subtract line 1f from line 1c. If zero or less, enter -0-.

Calendar year (or fiscal year

beginning in)

d Other exempt purpose expenditures

Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots nontaxable amount

Lobbying ceiling amount

Not over \$500,000

Over \$17,000,000

(b) Affiliated

group totals

Page 2

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election Part II-A under section 501(h)). Check 🕨 🗌 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

The lobbying nontaxable amount is:

4-Year Averaging Period Under section 501(h)

columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a)2011

342,134

242,198

85,534

34,063

(b)2012

352,826

284,218

88,207

39,298

(c)2013

327,806

222,301

81,952

23,332

\$100,000 plus 15% of the excess over \$500,000.

\$175,000 plus 10% of the excess over \$1,000,000.

\$225,000 plus 5% of the excess over \$1,500,000.

20% of the amount on line 1e.

\$1,000,000.

reporting section 4911 tax for this year? Yes 🔽 No

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

b Total lobbying expenditures to influence a legislative body (direct lobbying)

Limits on Lobbying Expenditures									
Check	▶	if the filing organization checked box \boldsymbol{A} and "limited control" provisions apply.							

organization's totals 68,682

(a) Filing

(The term "expenditures" means amounts paid or incurred.)

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

292,598 361,280

3,904,788

4,266,068

363,303

f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

90,826

(d)2018

363,303

361,280

90,826

68,682

Schedule C (Form 990 or 990-EZ) 2018

(Some organizations that made a section 501(h) election do not have to complete all of the five

(e) Total

1,386,069

2,079,104

1.109.997

346,519

519,779

165,375

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has	NOT				age
	filed Form 5768 (election under section 501(h)).		(a)		(b)	
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	۸۰	noun	+
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:			Ai	iloui.	
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
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?					
ar	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	501 (c)(5), o	r se	ctio	n
_	(-)(1-)				Yes	N
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 expenditures from the prior year?			3		
'aı	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 line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	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).					
а	Current year	2a				

b Carryover from last year 2b

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV **Supplemental Information**

Total

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.

Return Reference

2c

Software Version: 2018v3.1

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ObjectId: 001 - Submission: 2015-01-16

TIN: 20-5478191

OMB No. 1545-0047

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

Open to Public

Na	ime of the organization (as Charter Schools Association			Employer ide	ntification number
Pa	Organizations Maintaining Don Complete if the organization answe				
		(a) Donor advised fun			d 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 dono funds are the organization's property, subject t	_			· · Tyes No
6	Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit?	e benefit of the donor or don	or advisor, or t		Yes No
Pa	rt II Conservation Easements. Comp	lete if the organization a	nswered "Ye	s" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by Preservation of land for public use (e.g., red) Protection of natural habitat Preservation of open space		Preservation	of an historically imp	
2	Complete lines 2a through 2d if the organizatio easement on the last day of the tax year.	n held a qualified conservati			nservation
а	Total number of conservation easements		Held at the	e End of the Year	
	Total acreage restricted by conservation easem	ents	2b		
	Number of conservation easements on a certifice included in (a)		2c		
d	Number of conservation easements included in (and not on a historic structure listed in the Natio		2d		
3	Number of conservation easements modified, tr	ansferred, released, extingu	ished, or termi	inated by the organiz	zation during the
4	Number of states where property subject to co	nservation easement is locat	ted > _		
5	Does the organization have a written policy reg- violations, and enforcement of the conservation			-	Yes No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing	conservation e	easements during the	year
7	Amount of expenses incurred in monitoring, ins	specting, and enforcing cons	ervation easen	nents during the yea	r
8	Does each conservation easement reported on (B)(i) and section $170(h)(4)(B)(ii)$?				Yes No
9	In Part XIII, describe how the organization rep balance sheet, and include, if applicable, the te the organization's accounting for conservation	xt of the footnote to the org		•	· · · · · · · · · · · · · · · · · · ·
Pa	**TIII Organizations Maintaining Collection Complete if the organization answe	ections of Art, Histori			nilar Assets.
1a	If the organization elected, as permitted under works of art, historical treasures, or other simil service, provide, in Part XIII, the text of the fo	SFAS 116 (ASC 958), not to ar assets held for public exh	report in its ibition, educat	revenue statement a ion, or research in fu	
b	If the organization elected, as permitted under works of art, historical treasures, or other simil service, provide the following amounts relating	ar assets held for public exh			
	(i) Revenue included in Form 990, Part VIII, line	1		> \$ _	
(ii) Assets included in Form 990, Part X			> \$	
2	If the organization received or held works of art following amounts required to be reported under				provide the
а	Revenue included in Form 990, Part VIII, line	1		 \$ _	

b Assets included in Form 990, Part X

Par	t III Organizations Maintaining Co	llostions of A	rt Historical T	roacuros or (Othor Simila	ar Accot		tinuad)
3	Using the organization's acquisition, accession		•					.mueu)
а	collection items (check all that apply): Public exhibition		d 🗆 Loan	or exchange prog	rams			
b	_							
	Scholarly research		C Other					
С	Preservation for future generations							
4	Provide a description of the organization's co Part XIII.	llections and expl	ain how they furth	er the organization	n's exempt purp	pose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than to					Yes	No	
Pa	rt IV Escrow and Custodial Arrang		разо от от от уче					
	Complete if the organization ans Part X, line 21.	wered "Yes" to				ount on F	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		•			Yes	No	
b	If "Yes," explain the arrangement in Part XII	I and complete th	ne following table:		Amo	ount		- -
С	Beginning balance			1c				_
d	Additions during the year		1	1d				
е	Distributions during the year		1	1e				
f	Ending balance			1f				
2a	Did the organization include an amount on F	orm 990, Part X,	line 21, for escrow	or custodial accou	unt liability?	Ves	No	
						,		_
b	If "Yes," explain the arrangement in Part XII						· L	
Pā	art V Endowment Funds. Complete i							
1a	Beginning of year balance	(a)Current year	(b)Prior year	(c)Two years back	(a) Three years t	Dack (e)FO	ur years	Dack
b	Contributions							
c	Net investment earnings, gains, and losses							
	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	ent year end bala	nce (line 1g, colum	n (a)) held as:	•			
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
С	Temporarily restricted endowment							
За	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posses	· ·	ization that are hel	d and administere	d for the	_		
	organization by:					_	Yes	No
	(i) unrelated organizations (ii) related organizations			• •		3a(i) 3a(ii)		
b	If "Yes" to 3a(ii), are the related organization		red on Schedule R?	• •		3b		
4	Describe in Part XIII the intended uses of th	e organization's e	andowment funds					
	rt VI Land, Buildings, and Equipme		downiene runus.					
	Complete if the organization ans	wered 'Yes' to F	· · · · · · · · · · · · · · · · · · ·					
	Description of property (a) Cost or othe (investment)		t or other basis (other)	(c)Accumulated d	epreciation	(d) Bool	k value	
1a	Land	1		1				
b	Buildings							
С	Leasehold improvements							
d	Equipment					94,113	92,166	1,947
е	Other						21,102	15,003
Tota	al. Add lines 1a through 1e.(Column (d) must ed	jual Form 990, Part	X, column (B), line	10(c).) I	16,9	950		

Sche	dule D (Form 990) 2018		Page 4
Re	rt XI econciliation of Revenue per Audited Financial Statements With Revenue per Retu emplete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	ırn	
1	Total revenue, gains, and other support per audited financial statements	1	4,782,002
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<u> </u>	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d		
	· · · · · · · · · · · · · · · · · · ·	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,782,002
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 .		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,782,002
Re Co	t XII econciliation of Expenses per Audited Financial Statements With Expenses per Re emplete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	1	
1	Total expenses and losses per audited financial statements	1	4,266,068
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,266,068
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		4,200,000
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
а	• • • • • • • • • • • • • • • • • • •		
b	Other (Describe in Part XIII.) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,266,068
	t XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and	2h: Part V lin	e 4: Part Y line
	Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in		to 4, rait X, iiile

Software Version: 2018v3.1

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Treasury Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** Texas Charter Schools Association 26-2920798 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) Cash (1) Charter Schools Now 37-1796642 501(c)(4) 135,000 Advocacy/Grassroots 3801 S Capital of TX Hwy lobbying 330 Austin, TX 78704 (1)(2) (3) (4)(5) (6) (7) (8) (9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2018

(3)

(4)

(5)

(6)

(7)

Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,					
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)					

(1) (2)

Schedule I (Form 990) 2018

(f) Description of non-cash assistance

Page **2**

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part IV

Return Reference

Software Version: 2018v3.1

efi	le Public Visu	ual Render ObjectId: 001 - S	Subr	nission: 2015-01-16	-	TIN: 20-	5478	191
	edule J			tion Information		OMB No.	1545	-0047
(For	m 990)	For certain Officers, Direc	tors,	Trustees, Key Employees, and High	nest			
			•	sated Employees swered "Yes" to Form 990, Part IV,	line 23.	20	18	3
Domon	turant of the Tree com.	.	Attac	ch to Form 990.		Open		
•	tment of the Treasury al Revenue Service	► Information about Schedule J (Form	n 990)) and its instructions is at <u>www.irs</u>	s.gov/form990.		ectio	
	me of the organiz as Charter Schools A				Employer identifi	cation nur	nber	
ıcx	as charter schools A	SSOCIATION			26-2920798			
Pa	rt I Questi	ons Regarding Compensation						
	Charles III			and the fall of the late of the second	Proposition Francis		Yes	No
1a		opiate box(es) if the organization provid Section A, line 1a. Complete Part III to						
	First-class	or charter travel		Housing allowance or residence for	or personal use			
		companions		Payments for business use of per				
		ification and gross-up payments		Health or social club dues or initia				
	Discretion	ary spending account	L	Personal services (e.g., maid, char	uffeur, chef)			
b	If any of the bo	oxes in line 1a are checked, did the organ	nizati	on follow a written policy regarding	payment or			
	reimbursement	or provision of all of the expenses desc	cribe	d above? If "No," complete Part III	to explain	1b		L
2			nbur	sing or allowing expenses incurred b	y all			
	directors, trust	ees, officers, including the CEO/Executi	ve D	irector, regarding the items checke	d in line 1a?	2		
3		if any, of the following the filing organiz CEO/Executive Director. Check all that a		•				
	-	ed organization to establish compensat		•				
	Compensa	tion committee		Written employment contract				
	✓ Independe	ent compensation consultant		Compensation survey or study				
	Form 990	of other organizations	V	Approval by the board or compen	sation committee			
4	During the year or a related org	r, did any person listed in Form 990, Pai ganization:	rt VII	, Section A, line 1a with respect to	the filing organizat	ion		
а	Receive a seve	rance payment or change-of-control pa	ymer	nt?		4a		Νo
b	Participate in, o	or receive payment from, a supplementa	l non	qualified retirement plan?		4b		Νo
С		or receive payment from, an equity-base of lines 4a-c, list the persons and provi			in Part III	4c		No
	ir res to any.	of whes hare, list the persons and provi	ue ti	le applicable allibulits for each item	illi Fait III.			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizatio	ns m	ust complete lines 5-9.				
5		ted in Form 990, Part VII, Section A, lin contingent on the revenues of:	e 1a,	did the organization pay or accrue	any			
а	·	on?				5a		Νο
b	Any related org					5b		No
	, -	5a or 5b, describe in Part III.						
6		ted in Form 990, Part VII, Section A, lin contingent on the net earnings of:	e 1a,	did the organization pay or accrue	any			
a	The organization					6a		No
b	,	ganization?	•			. 6b		No
7		ted in Form 990, Part VII, Section A, lin described in lines 5 and 6? If "Yes," des				7		No
8		unts reported in Form 990, Part VII, paid						
	-	initial contract exception described in F	-	ations section 53.4958-4(a)(3)? If	"Yes," describe			NI -
Ω		8, did the organization also follow the r		able presumption procedure describ	ned in Populations	8		No
9		8, did the organization also follow the r 58-6(c)?		, , ,	eu III kegulations	9		Νo
For F	Paperwork Reduc	ction Act Notice, see the Instructions fo	r For	m 990. Cat. No	. 50053T Sche	dule J (Fo	rm 990	L

1 Starlee ColemanCEO

(A) Name and Title

(B) Breakdown of W-2 and/or 1099-MISC compensation

Bonus & incentive

compensation

......

Page 2

(F) Compensation in

column(B) reported

as deferred in prior

Form 990

................

(E) Total of columns

(B)(i)-(D)

191.633

......

(C) Retirement and

other deferred

compensation

................

Schedule J (Form 990) 2018

(iii)

Other reportable

compensation

......

(**D**) Nontaxable

henefits

4.133

......

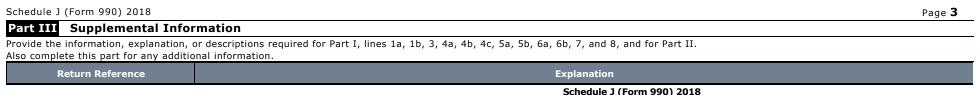
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(i) Base compensation

......

187,500

instructions, on row (ii). Do not list any individuals that are not 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.



efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

TIN: 20-5478191 OMB No. 1545-0047

SCHEDULE O (Form 990 or 990-

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Department of the Treasury

EZ)

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

pen to Public Inspection

Name of the organization **Employer identification number** Texas Charter Schools Association 26-2920798 Return **Explanation** Reference Form 990. Membership Overview: 1. Charter Holder - member schools: \$5 per K-12 student and \$2.50 per Pre-K student. 2. Newly Part VI, Line Approved Charter Holder - A tiered dues schedule during the planning year and first operating year: a. 0-400 students - \$1,500 6: Explanation b. 401-1,400 students - \$2,500 c. 1,401 or more - \$3,500 3. Pre Charter Award (Charter hopeful) - \$1,000 per year. 4. Vendors of Classes of - tiered at levels of \$750 or \$1,250 annually. Members or Shareholder Form 990. A draft copy of Form 990 has been provided to the Board of Directors. Part VI. Line 11b: Form 990 Review

Process Form 990, The Board of Directors annually requests board members and key officers to submit a written Conflict of Interest Questionnaire Part VI. Line providing a description of any conflicts that arise during the year and their current status. 12c: Explanation of Monitoring and Enforcement of Conflicts Form 990. Research was conducted by a national firm of compensation paid by other similar nonprofit organizations to their Executive Part VI. Line Directors. A competitive offer was made to the Association's Executive Director and after negotiations, a written offer letter 15a: was prepared. Compensation Review & Approval Process -CEO, Top Management Form 990. In the summer of 2014, the internal TCSA Policy Team, made up of the General Counsel, Director of Finance, Director of Part VI, Line Administrative Operations, and Office Manager, conducted a review of staff salaries using two external salary comparison 15b: surveys to determine wage ranges of all staff for adequacy. The Policy Team determined that TCSA salaries are at par with Compensation similar associations in the non-profit sector. Review and Approval Process for Officers and Key **Employees** Form 990. Upon written request, these documents will be made available for public inspection. Part VI. Line 19: Other Organization **Documents** Publicly Available

