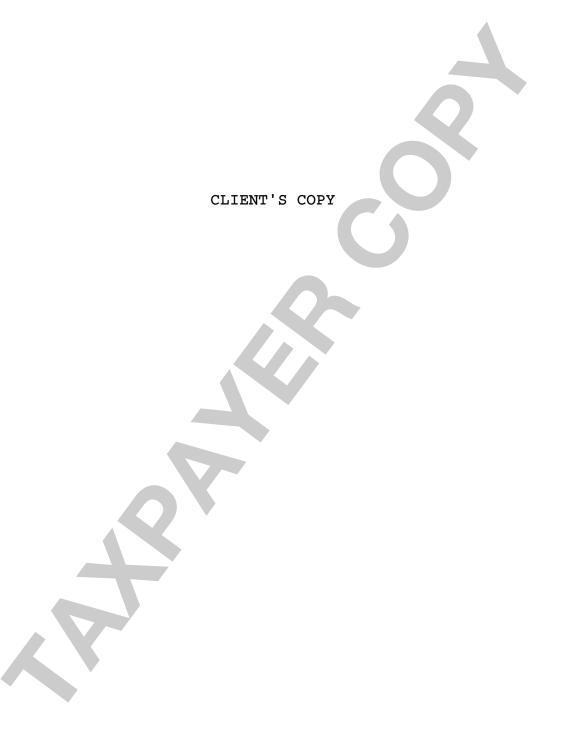
**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.





FEBRUARY 12, 2019

MEMPHIS STREET ACADEMY CHARTER SCHOOL 2950 MEMPHIS STREET PHILADELPHIA, PA 19134

## DEAR MIKE:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2017 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2017 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

YOUR TAXPAYER COPY WILL BE PUBLISHED TO YOUR PORTAL.

VERY TRULY YOURS,

BRIAN D. DIMATTESA, CPA

## **TAX RETURN FILING INSTRUCTIONS**

FORM 990

## FOR THE YEAR ENDING

JUNE 30, 2018

Prepared for	MEMPHIS STREET ACADEMY CHARTER SCHOOL 2950 MEMPHIS STREET PHILADELPHIA, PA 19134
Prepared by	ST. CLAIR CPAS, P.C. 28 S. CENTRE STREET MERCHANTVILLE, NJ 08109
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY MAY 15, 2019.

# IRS e-file Signature Authorization for an Exempt Organization

calendar year 2017, or fiscal year beginning	${\sf JUL}$	1	, 2017, and ending	JUN	30	, 20 <b>1</b> 8

OMB No. 1545-1878

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Department of the Treasury			o not send to the IR							
nternal Revenue Service		Go to w	ww.irs.gov/Form887	79EO for the la	test informat	tion.	Fmmlavar	!don#!f	aatian num	
Name of exempt organization							Employer	iaentii	cation num	iber
MEMPHIS STREE	т усурем	ע כעאסי	יידים פר <b>נו</b> חחד.				45-5	111	135	
Name and title of officer	I ACADEM	I CHAK	TEK SCHOOL				45-5	441	133	
NAIMAH HOLLID	ΔV									
CEO	A1									
	Return and I	Return Inf	formation (Whole	Dollars Only)						
Check the box for the retu			,		licable amoun	t if any f	rom the retu	ırn lf v	ou check	the hov
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b> whichever is applicable, b than 1 line in Part I. <b>1a</b> Form 990 check here	lank (do not ente	er -0-). But, if	you entered -0- on th	ne return, then o	enter -0- on the	e applicab	ole line belov	w. <b>Do</b>	not comple	ete more
		lotal reven	nue, if any (Form 990	, Part VIII, Colu	mn (A), line 12	)	1D		4,499	,007
2a Form 990-EZ check he 3a Form 1120-POL check	· –		evenue, if any (Form tal tax (Form 1120-P0							
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5a Form 8868 check her	<u> </u>		ue (Form 8868, line 3	•						
Ja TOITII 0000 CHECK HEI		Dalalice Di	ue (i oitti oooo, iiile o				30			
Part II Declara	ion and Sigr	nature Au	thorization of O	fficer						
further declare that the ar ntermediate service provi (a) an acknowledgement the date of any refund. If debit) entry to the financia	nount in Part I at der, transmitter, of receipt or reas applicable, I auth Il institution acco	oove is the ar or electronic on for rejecti orize the U.S ount indicate	c return originator (ER ion of the transmissic S. Treasury and its de ed in the tax preparati	copy of the org RO) to send the on, <b>(b)</b> the rease esignated Finar ion software for	organization's on for any dela ncial Agent to r payment of t	ectronic resturn to ay in proceinitiate an he organizate	eturn. I cons the IRS an essing the r electronic t zation's fed	d to re return of funds r eral ta	allow my ceive from or refund, a withdrawal kes owed o	n the IRS and <b>(c)</b> I (direct on this
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Do Not Submit This Form to the IRS Unless Requested To Do So

## EXTENDED TO MAY 15, 2019

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

Department of the Treasury

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

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, and ending JUN 30, 2018 Open to Public Inspection

OMB No. 1545-0047

B	Check if applicable:	C Name of organization	D Employer identification	ation number
	Address	MEMPHIS STREET ACADEMY CHARTER SCHOOL		
H	change		-   45-54	41135
H	change	Doing business as  Number and street (or P.0. box if mail is not delivered to street address)  Room/suit		.41133
F	return Fiṇal	2950 MEMPHIS STREET		91-4709
	☐return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	14,299,007.
Г	Amende		H(a) Is this a group ret	
F	⊒return ∏Applica		for subordinates?	
	tion pending	2950 MEMPHIS STREET, PHILADELPHIA, PA 1913	4 H(b) Are all subordinates inc	
$\overline{}$	Tay aya	mpt status: X 501(c)(3)		st. (see instructions)
		$\lim_{s \to \infty} S(s) = \lim_{s \to \infty} \frac{1}{1 + \frac{1}{2}} \frac$	H(c) Group exemption	,
			r of formation: 2012 M	
		Summary	TOTIOITIANOII. ZOZZI W	otate of legal dofficite, 2 22
		Briefly describe the organization's mission or most significant activities: THE MISSI	ON OF MEMPHIS	STREET
Governance	7	ACADEMY CHARTER SCHOOL IS TO ENHANCE, SUPPORT	AND PROMOTE	THE
ern.	2	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of mo	re than 25% of its net ass	sets.
Š	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3	
	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		7
es	5 T	otal number of individuals employed in calendar year 2017 (Part V, line 2a)		142
Ϋ́Ε	6 T	otal number of volunteers (estimate if necessary)	6	0
Activities &	7 a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b١	let unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
<u>•</u>	8	Contributions and grants (Part VIII, line 1h)	2,553,953.	2,946,117.
nue	9 F	Program service revenue (Part VIII, line 2g)	10,415,505.	11,180,851.
Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
<u> </u>	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,980.	172,039.
	<b>12</b> T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,990,438.	14,299,007.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,546,223.	8,372,303.
Expenses	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xbe		otal fundraising expenses (Part IX, column (D), line 25)		
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,104,774.	4,509,952.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,650,997.	12,882,255.
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12	1,339,441.	1,416,752.
or			Beginning of Current Year	End of Year
sets	20 T	otal assets (Part X, line 16)	16,101,110.	15,882,297.
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26)	16,476,356.	15,404,791.
		let assets or fund balances. Subtract line 21 from line 20	-375,246.	477,506.
		Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and state		knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.	
Sig	n	Signature of officer	Date	
Her	re	NAIMAH HOLLIDAY, CEO		
		Type or print name and title	Data	TI DTIN
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	-	-	02/12/19 self-employed	
	· ⊢	Firm's name ST. CLAIR CPAS, P.C.	Firm's EIN ▶	23-2653765
Use	Only	Firm's address 28 S. CENTRE STREET	, , , -	(6) 400 5600
		MERCHANTVILLE, NJ 08109	Phone no. (85	
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No
7320	01 11 00	17 I HA For Paperwork Reduction Act Notice see the separate instructions		Form <b>990</b> (2017)

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF MEMPHIS STREET ACADEMY CHARTER SCHOOL IS TO ENHANCE,
	SUPPORT AND PROMOTE THE CRITICAL THINKING AND THE PROBLEM SOLVING
	SKILLS OF ITS SCHOOL-AGE LEARNERS AS THEY MASTER AND EXCEED
	PENNSYLVANIA AND NATIONAL EDUCATION STANDARDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8,045,443. including grants of \$) (Revenue \$1,352,890.)
	CHARTER SCHOOL
	(Out 1) (Farmer 6)
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
<del>-r</del> u	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 8,045,443.
	Form <b>990</b> (2017)

## Form 990 (2017) MEMPHIS STRE 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)?	1	x	
2	If "Yes," complete Schedule A	2	-25	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
<b>L</b>	Schedule D, Parts XI and XII  Was the experiencing included in consolidated independent sudited financial attemperate for the tay year?	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Form **990** (2017)

## Form 990 (2017) MEMPHIS STREET ACA Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadida I. David	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		<del></del>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
07	complete Schedule L, Part II	26		- 25
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	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Α_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

# Form 990 (2017) MEMPHIS STREET ACADEMY CHARTER SCHOOL Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 142		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
р	If "Yes," enter the name of the foreign country:			
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	60		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		- 22
b		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans  13b			
	Enter the amount of reserves on hand	4.0		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	х	
b	The governing body?  Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
	tion Divided (mis seed on Broquests information about policies not required by the internal nevertice seeds.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 14		
12a		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	- 1-7		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·ou	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	ıle	
.5	for public inspection. Indicate how you made these available. Check all that apply.	a v anak		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
13	statements available to the public during the tax year.	u IIIIa()	oiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	SANTILLI & THOMSON - 856-505-1300			
	601 ROUTE 73 NORTH SUITE 302 MARITON N.T. 08053-3408			

732007 11-28-17

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

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

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

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

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

Check this box if neither the organization n									(F)	
(A)	(B)	(C) Position			,		(D)	(E)	(F)	
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week	offic	, unle cer ar	ss pe ıd a d	rson i irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	omp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
77.	line)	ы Б	lus	₩	ē.	E High	ī.			
(1) MIGUEL DIAZ	1.00	٠,,							0	0
BOARD MEMBER	1 00	Х				$\mathbf{M}$		0.	0.	0.
(2) SANDRA FARMER	1.00	,,							•	0
BOARD PRESIDENT	1 00	Х					V	0.	0.	0.
(3) ANITA VEGA-KAISER	1.00						ŀ			•
BOARD SECRETARY	1 00	X			$\mathbf{M}$			0.	0.	0.
(4) BARBARA SAUNDERS	1.00	7,				ľ			0	0
VICE PRESIDENT	1 00	Х			<u> </u>			0.	0.	0.
(5) PABLO MATEO	1.00									•
BOARD MEMBER	1 00	Х			<u> </u>			0.	0.	0.
(6) MICHELLE CAMPELLONE	1.00									•
BOARD MEMBER	1 00	Х			<u> </u>			0.	0.	0.
(7) TRACEY MCKNIGHT	1.00	,,							•	0
BOARD MEMBER	40.00	Х			<u> </u>			0.	0.	0.
(8) ANTOINETTE POWELL	40.00	-		,,				125 022	0	FF 3F0
CEO				Х	$\vdash$			135,022.	0.	55,359.
		-								
					<u> </u>					
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	-				$\vdash$					
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					$ldsymbol{ldsymbol{ldsymbol{eta}}}$					
						1				

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Form 990 (2017)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(C	<b>C)</b>			(D)	(E)			(F)	
Name and title	Average	(do		Posi		than	one	Reportable	Reportable		Es	timate	ed
	hours per	box,	, unles	ss per	rson i	is bot	h an	compensation	compensation	on	an	nount	of
	week	<u> </u>	cer an	a a a	irecto	r/trus	tee)	from	from related			other	
	(list any hours for	recto						the	organization			pensa	
	related	or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om th anizat	
	organizations	ruste	l trus		ee	nben		(***2/1099*****130)				d relat	
	below	dual tı	ıtiona	L	nploy	st cor	<u> </u>					anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
					4								
				X									
1b Sub-total					<i>.</i>		<b>•</b>	135,022.		0.	5	5,3	59.
c Total from continuation sheets to Part VI							▶	0.		0.			0.
d Total (add lines 1b and 1c)			<u></u>	<u></u>			<u> </u>	135,022.		0.	5	5,3	<u>59.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wł	no r	eceived more than \$100	,000 of reportab	le			_
compensation from the organization			9										1
										1		Yes	No
3 Did the organization list any former officer,			e, ke	y en	nplo	yee,	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su								•	•			37	
and related organizations greater than \$150	_										4	Х	
5 Did any person listed on line 1a receive or a					-		elat	ed organization or indiv	idual for services	;	_		v
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch	pers	son .					5		Х
Section B. Independent Contractors		d					4		¢100,000 of		-4: 4		
<ol> <li>Complete this table for your five highest co the organization. Report compensation for</li> </ol>		•								npens	ation	rom	
(A)	ine calendar y	car	SHOI	ig v	VILIT	OI W		(B)	ycar.		(0	:)	
Name and business								Description of s	ervices	С	ompe		n
SAND & SAIDEL, P.C., 113		218	ST								1 7	<i>c</i> 2	F 2
STREET, PHILADELPHIA, PA		TITLE	<del>, -</del>	7.2			_	LEGAL			т/	ο,∠	53.
SANTILLI & THOMSON, LLC,				3			ļ	סוומדאוםמם אייים	A CHMENTE		1 5	7 0	10
NORTH, SUITE 302, MARLTON, NJ 08053 BUSINESS MANAGEMENT							тэ	Ι,δ	<u> 19.</u>				
INTELLIGENT NETWORKS	ייים ישרא.	г <b>7</b>	-	7.	1 (	315	ر ج	<b>MECA GIIDDOD</b> M			1 /	n 2	40
8424 CASTOR AVENUE , PHII	ואתפהגען	LA,	, E	A	т;	<b>у Т</b> :	2 ر	TECH SUPPORT			14	υ,Δ	40.

Form **990** (2017)

\$100,000 of compensation from the organization

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

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b c Fundraising events d Related organizations 1d 2,760,807. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 185,310. g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f ... 2.946.117. Business Code 2 a STUDENT SUBSIDY 611110 11,180,851 11,180,851 Program Service Revenue b f All other program service revenue ..... g Total. Add lines 2a-2f. 11,180,851 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue of including \$ contributions reported on line 1c). See Part IV, line 18 Other | b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 \_\_\_\_\_ **a b** Less: direct expenses \_\_\_\_\_ **b** c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER 611110 172,039 172,039 b d All other revenue 172,039. e Total. Add lines 11a-11d

Total revenue. See instructions.

14,299,007.

11,352,890.

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, 135,022. 135,022. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,770,884. 4,219,115. 1,551,769. Other salaries and wages 7 Pension plan accruals and contributions (include 1,185,987 805,383. 380,604. section 401(k) and 403(b) employer contributions) 723,224. 479,193. 244,031. Other employee benefits 9 403,005. 557,186. 154,181. 10 Payroll taxes Fees for services (non-employees): 11 791,654. 791,654. a Management 164,278. 149,195. 15,083. Legal 27,133. 27,133. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 928,119. 252,026. 676,093. column (A) amount, list line 11g expenses on Sch O.) 1,035. 1,035. Advertising and promotion 12 99,081. 207,206. 108,125. 13 Office expenses Information technology 14 Royalties 15 667,139. 308,514. 358,625. 16 Occupancy 27,566. 10,082. 17,484. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 6,723. 6,723. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 149,509. 14,547. 134,962. Depreciation, depletion, and amortization ..... 22 156,955. 30,299. 126,656. 23 Other expenses. Itemize expenses not covered 24 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.) FOOD SERVICE EXPENSES 588,877. 588,877. BOOKS AND PERIODICALS 566,902. 566,902. 144,135. **OTHER** 123,877. 20,258. 63,983. 63,983. TELEPHONE 18,738. 18,738. e All other expenses Total functional expenses. Add lines 1 through 24e 12,882,255. 8,045,443. 4,836,812. 0. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2017)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
			-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			10,708,102.	1	11,346,138.
	2	Savings and temporary cash investments			. ,	2	, ,
	3	Pledges and grants receivable, net		F	691,663.	3	701,261.
	4	Accounts receivable, net			240,598.	4	219,032.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali		J			
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				186,136.	9	223,031.
		Land, buildings, and equipment: cost or other	I				
	100	basis Complete Part VI of Schedule D	10a	2,170,786.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,680,127.	285,857.	10c	490,659.
	11	Investments - publicly traded securities	10.0	, ,		11	<u> </u>
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	3,988,754.	15	2,902,176.		
	16	Total assets. Add lines 1 through 15 (must equal			16,101,110.	16	15,882,297.
	17	Accounts payable and accrued expenses	358,910.	17	309,681.		
	18	Grants payable				18	
	19	Deferred revenue			451,187.	19	22,819.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete f				21	
Se	22	Loans and other payables to current and former	officers	s, directors, trustees,			
Ě		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L		.,		22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	v				
		parties, and other liabilities not included on lines	17-24).	. Complete Part X of	45 666 050		45 050 001
		Schedule D			15,666,259.	25	15,072,291.
	26	Total liabilities. Add lines 17 through 25			16,476,356.	26	15,404,791.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
ses		complete lines 27 through 29, and lines 33 an			275 246		477 506
au	27				-375,246.	27	477,506.
Ва	28	Temporarily restricted net assets		Г		28	
Fund Balances	29	Permanently restricted net assets				29	
Ę		Organizations that do not follow SFAS 117 (A	SC 958	), check here			
Š	00	and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or eq				31 32	
Net	32	Retained earnings, endowment, accumulated in			-375,246.		477,506.
	33	Total liabilities and not assets/fund balances			16,101,110.	33 34	15,882,297.
	34	Total liabilities and net assets/fund balances			TO, TOT, TTO.	<del>34</del>	13,004,4316

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	14,	29	9,0	07.
2	Total expenses (must equal Part IX, column (A), line 25)	12,	88	2,2	<del>55.</del>
3	Revenue less expenses. Subtract line 2 from line 1	1,	41	6,7	52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4		37	5,2	46.
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities 6				
7	Investment expenses 7				
8	Prior period adjustments	_	56	4,0	00.
9	Other changes in net assets or fund balances (explain in Schedule O)	7			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)) 10		47	7,5	06.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	_			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Aud				
	Act and OMB Circular A-133?		За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	

Form **990** (2017)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization MEMPHIS STREET ACADEMY CHARTER SCHOOL 45-5441135 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 MEMPHIS STREET ACADEMY CHARTER SCHOOL 45-5441135 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				4		
3	The value of services or facilities						
	furnished by a governmental unit to					1)	
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3)	. —
<u> </u>	organization, check this box and stop	here	rooptogo				<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2017 (I					14	%
	Public support percentage from 2016					15	<u>%</u>
16a	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c	-					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac		•	•	·	•	
,	meets the "facts-and-circumstances"	_	•				
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
40	organization meets the "facts-and-circ		•	•	,		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 100, 1/a, 0r 1/			
					SCH	-uule A (FUIII 990	or 990-EZ) 2017

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	, ,	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that					/	
	are not an unrelated trade or bus-					ľ	
4	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
F	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b  Net income from unrelated business						
''	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d fourth or fifth to	ı ax vear as a sectio	u n 501(c)(3) organi:	zation.
	check this box and stop here	· ·	,		•		
Se	ction C. Computation of Publ						
	Public support percentage for 2017 (			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2017. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	▶□
20	Private foundation If the organization	n did not chock a	hay an lina 14 10	a or 10h chock th	nic boy and soo in	etructions	

## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	40		
	5a		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	30		
	9с		
	10a		
	46:		
n 9	10b 90 or 99	10-F7	2017

trustees of each of the supported organizations? Provide details in Part VI.

**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.

За

Schedule A (Form 990 or 990-EZ) 2017 MEMPHIS STREET ACADEMY CHARTER SCHOOL 45-5441135 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	- Lago C
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must com-	nplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally		ated Type III supporting ord	ganization (see
	instructions).	J		·

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 MEMPHIS STREET ACADEMY CHARTER SCHOOL 45-5441135 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 **b** From 2013 **c** From 2014 **d** From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder, Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013 **b** Excess from 2014

Schedule A (Form 990 or 990-EZ) 2017

c Excess from 2015d Excess from 2016e Excess from 2017

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MEMPHIS STREET ACADEMY CHARTER SCHOOL

**Employer identification number** 45-5441135

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
•	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring			
	impermissible private benefit?		Yes No			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area			
	Protection of natural habitat	Preservation of a cel	rtified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture			
	listed in the National Register					
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements i					
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year			
_	<b>&gt;</b> \$					
8	Does each conservation easement reported on line 2(d) above	· · · · · · · · · · · · · · · · · · ·				
_	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat	·				
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for			
Dai	conservation easements.  't III   Organizations Maintaining Collections o	of Art Historical Treasures or (	Other Similar Assets			
rai	Complete if the organization answered "Yes" on Form		Julei Sililiai Assets.			
10			amont and balance about works of art			
ıa	If the organization elected, as permitted under SFAS 116 (AS	•				
	historical treasures, or other similar assets held for public ex		arice of public service, provide, in Part XIII,			
h	the text of the footnote to its financial statements that describe the exception closest disapproximation closest disappr		at and balance about works of ort. historical			
D	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts			
	relating to these items:		<b>&gt;</b> \$			
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·			
•	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tree		ai gairi, provide			
_	the following amounts required to be reported under SFAS 1		<b>•</b> •			
a	Revenue included on Form 990, Part VIII, line 1					

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, c	or Othe	er Similar	Asse	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	ne following tha	t are a s	ignificant use	e of its	collection it	ems
	(check all that apply):								
а	Public exhibition	d	Loan or e	xchange progra	ams				
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they furthe	r the organizati	on's exe	mpt purpose	e in Part	XIII.	
5	During the year, did the organization solicit or								
•	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Part		o.ga <u>-</u> a				,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contributi	ons or other as	sets not	included			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:						
		•	· ·					Amount	
С	Beginning balance					1c			
	Additions during the year								
e	<b>5</b>								
f	Ending balance								-
	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.					•		103	
	rt V Endowment Funds. Complete if								
		(a) Current year	(b) Prior year	(c) Two year		(d) Three year	rs hack	(e) Four ye	ars hack
12	Beginning of year balance	(a) carrein year	(b) i noi year	(c) The year	o buon	(a) Illioo you	O Duon	(C) rour yo	aro buon
b	[								
	I								
C	3,3,								
d	' ······				-				
е	'								
	and programs								
Ť	Administrative expenses								
g									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, columr	ı (a)) held as:					
а	j -		_%						
b		<u></u> %							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held	l and administe	red for t	he organizat	ion	_	
	by:							Ye	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b		tions listed as requir	ed on Schedule F	ጓ?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Pai	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a	. See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or of	ther (b) Co	st or other	(c) A	ccumulated		(d) Book v	alue
		basis (investn	nent) bas	is (other)	dep	oreciation			
1a	Land								
			1,1	27,384.	1,1	127,384	1.		0.
d				70,666.		503,040		467	626.
	Other			72,736.		49,703			033.
	L Add lines 1a through 1e (Column (d) must ed		X column (R) line			_ , , , , ,	$\overline{}$		659.

Part VII	Investments -	Other	Securities.

rait viii ilivestillelits - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

## Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(6) (7) (8) (9)

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

(a) Description	(b) Book value
(1) DEFERRED OUTFLOWS RELATED TO PENSIONS	2,902,176.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,902,176.

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED SALARIES AND BENEFITS	917,254.
(3)	DUE TO STUDENT GROUPS	23,037.
(4)	NET PENSION LIABILITY	11,112,000.
(5)	DEFERRED INFLOWS OF RESOURCES -	
(6)	RELATED TO PENSIONS	2,562,000.
(7)	NET OPEB LIABILITY	458,000.
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	15,072,291.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	itements With Revenue	per Return	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	14,299,007.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	14,299,007.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		7
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5				14,299,007.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expense	es per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	12,882,255.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	12,882,255.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines <b>4a</b> and <b>4b</b>	.,	4c	0.
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	12,882,255.

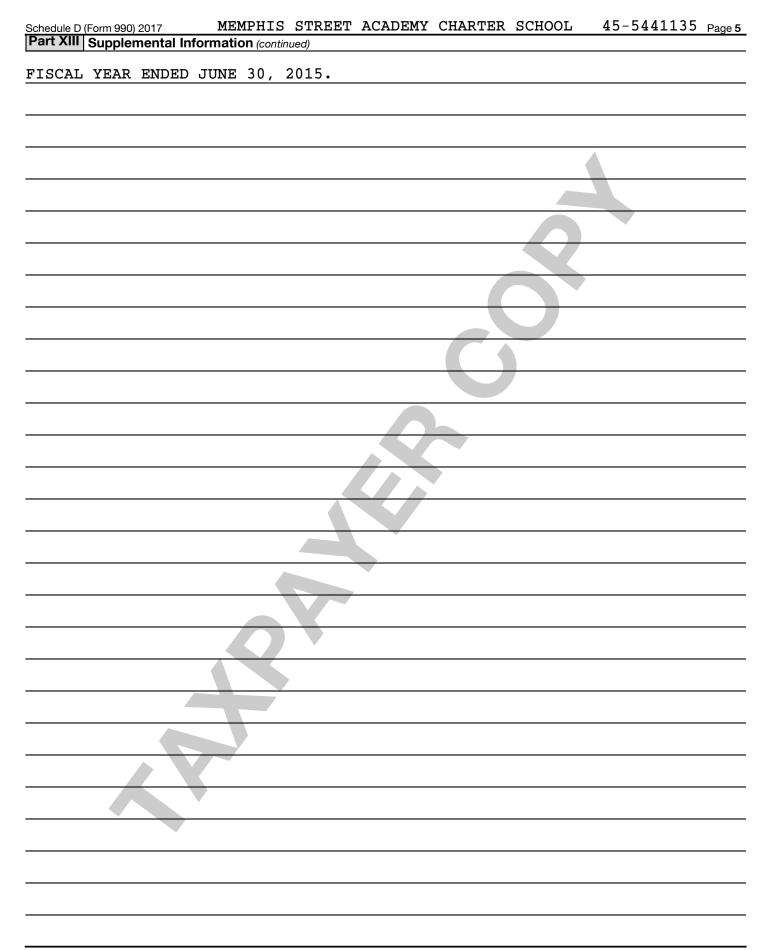
## Part XIII Supplemental Information.

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

## PART X, LINE 2:

THE SCHOOL ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN WHICH TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. AS OF JUNE 30, 2018, THE SCHOOL HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFIED FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. ADDITIONALLY, THERE WAS NO INTEREST AND PENALTIES RELATED TO INCOME TAXES.

THE SCHOOL FILES FEDERAL FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM WITH FEW EXCEPTIONS THEY ARE NO LONGER SUBJECT TO U.S. INCOME TAX).



## **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Schools**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Go to WWW.moigov/r or mood for the latest information.

 $Employer\ identification\ number \\ 45-5441135$ 

## MEMPHIS STREET ACADEMY CHARTER SCHOOL Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		77	
	If you need more space, use Part II PROHIBITED BY CHARTER SCHOOL LAW TO DISCRIMINATE	3	Х	
	PROHIBITED BY CHARTER SCHOOL LAW TO DISCRIMINATE			
4	Deep the exception registers the fellowing?			
4	Does the organization maintain the following?  People indicating the registermentation of the student healty faculty, and administrative staff?	4a	х	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a 4b	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	40	21	
C		4c	х	
٨	admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	<del>4</del> u		
	if you allowered. No to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		Х
е	Educational policies?	5e		Х
f	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		37	
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-F7  Schedule F (Form	7	X	

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

Schedule E (Form 990 or 990-EZ) 2017

Schedule E (Form 990 or 990-EZ) 2017 MEMPHIS STREET ACADEMY CHARTER SCHOOL 45-5441135 Page 2  Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.
Also provide any other additional information.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
CHARTER SCHOOL RECEIVED FEDERAL GRANTS AND IS REIMBURSED FOR CERTAIN
EXPENDITURES BY THE COMMONWEALTH OF PA.

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

MEMPHIS STREET ACADEMY CHARTER SCHOOL

Employer identification number 45-5441135

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	-		х
a	The organization?	5a 5b		X
D	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
а	The organization?	6a		х
h	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			_ <u>-</u>
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	AY		reported as deferred on prior Form 990
(1) ANTOINETTE POWELL (i	135,022.	0.	0.	0.	55,359.	190,381.	0.
CEO (i		0.	0.	0.	0.	0.	0.
(i	)						
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MEMPHIS STREET ACADEMY CHARTER SCHOOL

Employer identification number 45-5441135

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CRITICAL THINKING AND THE PROBLEM SOLVING SKILLS OF ITS SCHOOL-AGE
LEARNERS AS THEY MASTER AND EXCEED PENNSYLVANIA AND NATIONAL EDUCATION
STANDARDS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE INDEPENDENT AUDIT FIRM PREPARES THE IRS FORM 990, THEN IT IS REVIEWED
BY THE BUSINESS OFFICE, AND THEN IT IS PRESENTED TO THE BOARD MEMBERS FOR
REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
LEGAL COUNSEL PROVIDES PERIODIC REVIEW
FORM 990, PART VI, SECTION B, LINE 15:
SURVEY OF THE PHILADELPHIA AREA CHARTER SCHOOLS
FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUESTS
FORM 990, PART XII, LINE 2C:
THERE HAVE BEEN NO CHANGES TO THE OVERSIGHT OR SELECTION PROCESS DURING
THE LAST YEAR.

## SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

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

Attach to Form 990.

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

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

## MEMPHIS STREET ACADEMY CHARTER SCHOOL

Employer identification number 45-5441135

Part I	Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	r Total incor	(e) End-of-year	assets	(f) Direct control entity		9
Part II	<b>Identification of Related Tax-Exempt Organiza</b> organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	), Part IV, line 34, b	ecause it had one	or more rel	ated tax-exe	empt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct co	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
								Yes	110

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

Schedule R (Form 990) 2017

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

		,									
(a)	(b)	(c)	(d)	(e)	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of related organization			entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	allocations?		20 of Schedule	partner?	ownersnip
		country)		sections 512-514)		400010	Yes No		K-1 (Form 1065)	Yes No	
	1										
	1										
	1										
	1										
	1										
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	1										
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
	,	country)		or tracty		455515		Yes	No
									+
	1								
	-								
									+-
		1 22							

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
During the tax year, did the organization engage in any of the following transactions with one	or more re	elated organizations listed	in Parts II-IV?						
				1a		X			
				1b		X			
Gift, grant, or capital contribution from related organization(s)				1c		X			
Loans or loan guarantees to or for related organization(s)				1d		X			
				1e		X			
Dividends from related organization(s)				1f		Х			
				1g		Х			
				1h		Х			
Exchange of assets with related organization(s)				1i		Х			
				1i		Х			
Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
Performance of services or membership or fundraising solicitations for related organization(s)				_		Х			
Performance of services or membership or fundraising solicitations by related organization(s)					Х				
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				_		Х			
Sharing of paid employees with related organization(s)									
onaling of paid officious with rolated organization(b)						Х			
Reimbursement paid to related organization(s) for expenses				1n		Х			
Reimbursement paid by related organization(s) for expenses				<u> </u>		X			
Theiribursement paid by related organization(s) for expenses				14					
Other transfer of each or property to related organization(s)				10		Х			
				<u> </u>		X			
				15	<u> </u>				
		-	•						
(a) (b)	,			olyod					
		Amount involved	Method of determining amount in	/oiveu					
	,								
AMERICAN PARADICM		828 191	<b>Δ (</b> ΤΙΔ Τ.						
ATTENTION THREE THE		020,131.	110101111						
	During the tax year, did the organization engage in any of the following transactions with one Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  Gift, grant, or capital contribution to related organization(s)  Gift, grant, or capital contribution from related organization(s)  Loans or loan guarantees to or for related organization(s)  Loans or loan guarantees by related organization(s)  Dividends from related organization(s)  Sale of assets to related organization(s)  Purchase of assets from related organization(s)  Exchange of assets with related organization(s)  Lease of facilities, equipment, or other assets to related organization(s)  Performance of services or membership or fundraising solicitations for related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  Sharing of paid employees with related organization(s)  Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  Other transfer of cash or property to related organization(s)  Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must companie to the second or property from related organization for information on who must companie to the second or property from related organization for information on who must companie to the second or property from related organization for information on who must companie to the second or property from related organization for information on who must companie to the second organization for information on who must companie to the second organization for information on who must companie to the second organization for information on who must companie to the second organization for information or who must companie to the formation or information or who must comp	During the tax year, did the organization engage in any of the following transactions with one or more refleceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  Gift, grant, or capital contribution to related organization(s)  Gift, grant, or capital contribution from related organization(s)  Loans or loan guarantees to or for related organization(s)  Loans or loan guarantees by related organization(s)  Dividends from related organization(s)  Sale of assets to related organization(s)  Purchase of assets from related organization(s)  Exchange of assets with related organization(s)  Lease of facilities, equipment, or other assets to related organization(s)  Performance of services or membership or fundraising solicitations for related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  Sharing of paid employees with related organization(s)  Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  Other transfer of cash or property to related organization(s)  Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete to the part of the part o	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  Gift, grant, or capital contribution to related organization(s)  Gift, grant, or capital contribution from related organization(s)  Loans or loan guarantees to or for related organization(s)  Loans or loan guarantees by related organization(s)  Bividends from related organization(s)  Sale of assets to related organization(s)  Purchase of assets mrelated organization(s)  Exchange of assets with related organization(s)  Lease of facilities, equipment, or other assets to related organization(s)  Performance of services or membership or fundraising solicitations for related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  Sharing of paid employees with related organization(s)  Reimbursement paid to related organization(s) for expenses  Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  Reimbursement paid to related organization(s)  Amount involved	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) Interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Gift, grant, or capital contribution from related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s)  Dividends from related organization(s) Purchase of assets to related organization(s) Purchase of assets to related organization(s)  Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid to related organization(s) Reimbursement paid to related org	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?    Take or the filt of (i) interest, (ii) annuties, (iii) royalities, or (iv) rent from a controlled entity   Salidit, grant, or capital contribution to related organization(s)   Cuans or loan guarantees to or for related organization(s)   Loans or loan guarantees to or for related organization(s)   1d	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?    Receipt of (f) interest, (fi) annuties, (fii) royalties, or (iv) rent from a controlled entity   1a			

Page 4

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

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

(a)	(b)	(c)	(d)	Are all partners se 501(c)(3) orgs.?	(f)	(g)	(l	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners se	c. Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	(related, unrelated, lexcluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocat	tions?	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes No	
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### 2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
1	LEASEHOLD IMPROVEMENTS * 990 PAGE 10 TOTAL	07/01/12	SL	5.00		16	1,127,384.				1,127,384.	1,127,384.		0.	1,127,384.
	BUILDINGS						1,127,384.				1,127,384.	1,127,384.		0.	1,127,384.
	MACHINERY & EQUIPMENT														
2	FURNITURE	09/10/12	SL	7.00		16	199,896.				199,896.	141,990.		28,557.	170,547.
3	FURNITURE	09/10/15	SL	7.00		16	34,511.				34,511.	8,833.		4,930.	13,763.
4	COMPUTERS	09/10/12	SL	5.00		16	40,535.				40,535.	39,184.		1,351.	40,535.
5	COMPUTERS	09/10/12	SL	5.00		16	137,960.				137,960.	133,361.		4,599.	137,960.
6	COMPUTERS	01/01/13	SL	5.00		16	15,627.				15,627.	13,804.		1,823.	15,627.
7	CHROME BOOKS	06/16/16	SL	5.00		16	34,650.				34,650.	7,219.		6,930.	14,149.
8	CHROME BOOKS	06/28/16	SL	5.00		16	49,567.				49,567.	9,968.		9,913.	19,881.
9	PROMETHEAN BOARD	10/01/16	SL	5.00		16	19,002.				19,002.	2,850.		3,800.	6,650.
10	MACBOOK PRO	10/01/16	SL	5.00		16	5,138.				5,138.	771.		1,028.	1,799.
11	MACBOOK PRO	03/01/17	SL	5.00		16	2,645.				2,645.	176.		529.	705.
12	LENOVO CHROMEBOOK	01/01/17	SL	5.00		16	60,711.				60,711.	6,071.		12,142.	18,213.
13	LENOVO CHROMEBOOK	03/01/17	SL	5.00		16	3,080.				3,080.	205.		616.	821.
15	SINGER KITCHEN EQUIPMENT	02/12/15	SL	7.00		16	2,553.				2,553.	882.		365.	1,247.
16	LINTONS EQUIPMENT	10/22/15	SL	7.00		16	6,510.				6,510.	2,480.		930.	3,410.

728111 04-01-17

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

### 2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No. (	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
17	OFFICE BASICS	01/01/17	SL	7.00	1	.6	3,970.				3,970.	284.		567.	851.
18	ACCESS POINTS	08/14/17	SL	5.00	1	.6	52,415.				52,415.			9,173.	9,173.
19	SWITCHES	08/13/17	SL	5.00	1	.6	23,499.				23,499.			4,112.	4,112.
20	COMPUTERS	10/19/17	SL	5.00	1	.6	11,592.				11,592.			1,642.	1,642.
21	COMPUTERS	02/16/18	SL	5.00	1	.6	2,898.				2,898.			217.	217.
22	COMPUTERS	09/15/17	SL	5.00	1	.6	254,220.				254,220.			40,252.	40,252.
23	COMPUTER CARTS	09/15/17	SL	5.00	1	.6	9,687.				9,687.			1,534.	1,534.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						970,666.				970,666.	368,078.		135,010.	503,088.
	PROGRAM SERVICES						M								
14	SCHOOL VANS	01/21/15	SL	5.00	1	.6	72,736.				72,736.	35,156.		14,547.	49,703.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						72,736.				72,736.	35,156.		14,547.	49,703.
	* GRAND TOTAL 990 PAGE 10 DEPR					2	,170,786.				2,170,786.	1,530,618.		149,557.	1,680,175.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE					1	,816,475.			0.	1,816,475.	1,530,618.			1,623,245.
	ACQUISITIONS						354,311.			0.	354,311.	0.			56,930.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE					2	,170,786.			0.	2,170,786.	1,530,618.			1,680,175.

728111 04-01-17

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING ACCUM DEPR											1,680,175.			
	ENDING BOOK VALUE											490,611.			
					4										

## Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

#### Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 45-5441135 MEMPHIS STREET ACADEMY CHARTER SCHOOL File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 2950 MEMPHIS STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions PHILADELPHIA, PA 19134 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) 06 Form 8870 12 SANTILLI & THOMSON The books are in the care of ► 601 ROUTE 73 NORTH, SUITE 302 - MARLTON, NJ 08053-3408 Telephone No. ► 856-505-1300 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔲 and attach a list with the names and EINs of all members the extension is for. MAY 15, 2019 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: \_\_\_ calendar year ► X tax year beginning JUL 1, 2017 JUN 30, 2018 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. \$ За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

I HA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Form 8868 (Rev. 1-2017)

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