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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

2012

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

## A For the 2012 calendar year, or tax year beginning , 2012, and ending

|                                                                                                                                                                                                                                                                                       |                                                                                                                    |                                                                                                                                                                                                                                                                       |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| B Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | C<br>TENNESSEE STATE COLLABORATIVE ON<br>REFORMING EDUCATION<br>1207 18TH AVENUE SOUTH #326<br>NASHVILLE, TN 37212 |                                                                                                                                                                                                                                                                       | D Employer Identification Number<br>26-3670335 |
|                                                                                                                                                                                                                                                                                       | F Name and address of principal officer<br>JAMIE WOODSON<br>SAME AS C ABOVE                                        |                                                                                                                                                                                                                                                                       | E Telephone number<br>(615) 727-1545           |
| I Tax-exempt status<br><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                             |                                                                                                                    | G Gross receipts \$ 1,606,348.                                                                                                                                                                                                                                        |                                                |
| J Website: WWW.TNSCORE.ORG                                                                                                                                                                                                                                                            |                                                                                                                    | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If 'No,' attach a list (see instructions) |                                                |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                             |                                                                                                                    | L Year of Formation 2009 M State of legal domicile TN                                                                                                                                                                                                                 |                                                |

## Part I Summary

|                                                                                                                                                                                                                                                                                  |                           |              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|--|
| 1 Briefly describe the organization's mission or most significant activities TO ENSURE THAT EVERY TENNESSEE HIGH SCHOOL GRADUATE IS READY FOR COLLEGE AND A CAREER AND THAT TENNESSEE IS THE FASTEST IMPROVING STATE IN THE NATION IN TERMS OF KEY STUDENT ACHIEVEMENT OUTCOMES. |                           |              |  |
| 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                                                                                         |                           |              |  |
| 3 Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                              | 3                         | 14           |  |
| 4 Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                  | 4                         | 14           |  |
| 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)                                                                                                                                                                                                   | 5                         | 0            |  |
| 6 Total number of volunteers (estimate if necessary)                                                                                                                                                                                                                             | 6                         | 59           |  |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                          | 7a                        | 0.           |  |
| 7b Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                                                                                                | 7b                        | 0.           |  |
| 8 Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                                  | Prior Year                | Current Year |  |
| 9 Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                   | 2,378,199.                | 1,602,481.   |  |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                                                                 | 7,757.                    | 3,567.       |  |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                      |                           | 300.         |  |
| 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                            | 2,385,956.                | 1,606,348.   |  |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                                                                                                                                                              | 135,000.                  | 55,000.      |  |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                 |                           |              |  |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                                                                                                                                                             | 650,852.                  | 990,620.     |  |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                |                           |              |  |
| b Total fundraising expenses (Part IX, column (D), line 25)                                                                                                                                                                                                                      |                           |              |  |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                                                                                                                                  | 509,314.                  | 874,891.     |  |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                     | 1,295,166.                | 1,920,511.   |  |
| 19 Revenue less expenses. Subtract line 18 from line 12                                                                                                                                                                                                                          | 1,090,790.                | -314,163.    |  |
| 20 Total assets (Part X, line 1a)                                                                                                                                                                                                                                                | Beginning of Current Year | End of Year  |  |
| 21 Total liabilities (Part X, line 26)                                                                                                                                                                                                                                           | 3,012,159.                | 5,290,762.   |  |
| 22 Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                                                                                                    | 112,161.                  | 2,704,927.   |  |
|                                                                                                                                                                                                                                                                                  | 2,899,998.                | 2,585,835.   |  |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                        |                            |                                                       |         |                                                      |
|------------------------|----------------------------|-------------------------------------------------------|---------|------------------------------------------------------|
| Sign Here              | Signature of officer       | Date                                                  | 8/12/13 |                                                      |
|                        | JAMIE WOODSON              | CEO                                                   |         |                                                      |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature                                  | Date    | Check <input type="checkbox"/> if self-employed PTIN |
|                        | STEPHEN T. DOLAN           | 8/7/13                                                |         | P00666397                                            |
|                        | Firm's name                | FRASIER, DEAN & HOWARD, PLLC                          |         | Firm's EIN                                           |
|                        | Firm's address             | 3310 WEST END AVENUE, STE. 550<br>NASHVILLE, TN 37203 |         | 383-6592                                             |

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/18/12

Form 990 (2012)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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 ☒ 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4 a** (Code: ) (Expenses \$ 825,536. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

**4 b** (Code: ) (Expenses \$ 694,893. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

**4 c** (Code: ) (Expenses \$ 252,557. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

**4 d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4 e** Total program service expenses ▶ 1,772,986.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                             | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A                                                                                                                                                                         | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                                                                                                                                                                                         | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I                                                                                                                      |     | X  |
| 4 <b>Section 501(c)(3) organizations</b> 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                                                                                                        | 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                                                                               |     | 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                                                    |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II                                                                                             |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III                                                                                                                                                         |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV             |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V                                                                                                     |     | X  |
| 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                                                                          |     |    |
| a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI                                                                                                                                                                        | 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                                                                                                   |     | X  |
| c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII                                                                                                   |     | 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                                                                                                                      |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X                                                                                                                                                                                     | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X                                                            | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII                                                                                                                                                       | X   |    |
| 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                                                                           |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E                                                                                                                                                                                                        |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                             |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV                                                                                    |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV                                                                                        |     | 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 (see instructions)                                                                                            |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II                                                                                                                           |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III                                                                                                                                                     |     | X  |
| 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H                                                                                                                                                                                                             |     | X  |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                              |     |    |

**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                                                            | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>                                                                                          | X   |    |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>                                                                                                           |     | X  |
| <b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>                                                      | X   |    |
| <b>24a</b> 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>                        |     | X  |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                               |     |    |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                                                      |     |    |
| <b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                         |     |    |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>                                                                                                     |     | X  |
| <b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>                                      |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>                                                                   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i> |     | X  |
| <b>28</b> 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):                                                                                                                    |     |    |
| <b>28a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>                                                                                                                                                                                                  |     | X  |
| <b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>                                                                                                                                                                               |     | X  |
| <b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>                                                                                   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>                                                                                                                                                                                                  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>                                                                                                                                  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>                                                                                                                                                                                        |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>                                                                                                                                                                      |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>                                                                                                                      |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>                                                                                                                                                                         |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                         |     | X  |
| <b>35b</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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>                                                                                        |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>                                                                                                                           |     | X  |
| <b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI</i>                                                                             |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.                                                                                                                             | X   |    |

BAA

Form 990 (2012)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

|             |                                                                                                                                                                                                                                                                              | Yes | No |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1 a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                                                                | 12  |    |
| <b>1 b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                             | 0   |    |
| <b>1 c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     | X   |    |
| <b>2 a</b>  | 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.                                                                                               | 0   |    |
| <b>2 b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                          |     |    |
| <b>3 a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                |     | X  |
| <b>3 b</b>  | If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.                                                                                                                                                                            |     |    |
| <b>4 a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |     | X  |
| <b>4 b</b>  | If 'Yes,' enter the name of the foreign country.<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                           |     |    |
| <b>5 a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                        |     | X  |
| <b>5 b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             |     | X  |
| <b>5 c</b>  | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                           |     |    |
| <b>6 a</b>  | 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?                                                                      |     | X  |
| <b>6 b</b>  | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                |     |    |
| <b>7</b>    | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |     |    |
| <b>7 a</b>  | 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?                                                                                                                              |     | X  |
| <b>7 b</b>  | If 'Yes,' did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              |     |    |
| <b>7 c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         |     | X  |
| <b>7 d</b>  | If 'Yes,' indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                           |     |    |
| <b>7 e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                              |     | X  |
| <b>7 f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 |     | X  |
| <b>7 g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                             |     |    |
| <b>7 h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                           |     |    |
| <b>8</b>    | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>    | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |     |    |
| <b>9 a</b>  | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      |     |    |
| <b>9 b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       |     |    |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter                                                                                                                                                                                                                                |     |    |
| <b>10 a</b> | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                    |     |    |
| <b>10 b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                 |     |    |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter                                                                                                                                                                                                                               |     |    |
| <b>11 a</b> | Gross income from members or shareholders.                                                                                                                                                                                                                                   |     |    |
| <b>11 b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                                                 |     |    |
| <b>12 a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            |     |    |
| <b>12 b</b> | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                       |     |    |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                      |     |    |
| <b>13 a</b> | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                             |     |    |
| <b>13 b</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.                                                                                                                   |     |    |
| <b>13 c</b> | Enter the amount of reserves on hand.                                                                                                                                                                                                                                        |     |    |
| <b>14 a</b> | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                   |     | X  |
| <b>14 b</b> | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.                                                                                                                                                                   |     |    |

**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 to any question in this Part VI ☒**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                   | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 14  |    |
| <b>1 b</b> Enter the number of voting members included in line 1a, above, who are independent.                                                                                                                                                                                                                    | 14  |    |
| <b>2</b> 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?                                                                                                                                     |     | X  |
| <b>3</b> 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?                                                                                      |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . SEE SCH. O . . . . .                                                                                                                                                          | X   |    |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                               |     | X  |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                                                                                                       |     | X  |
| <b>7 a</b> 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?                                                                                                                                                     |     | X  |
| <b>7 b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?                                                                                                                                        |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                        |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                                                                                                                      | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                    | X   |    |
| <b>9</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O . . . . .                                                                                 |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                        | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10 a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         |     | X  |
| <b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                    |     |    |
| <b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                | X   |    |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O                                                                                                                                                                                  |     |    |
| <b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . .                                                                                                                                                                                          | X   |    |
| <b>b</b> Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                            | X   |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O                                                                                                                              | X   |    |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | X   |    |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | X   |    |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                         |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official .SEE SCHEDULE O                                                                                                                                                                                                        | X   |    |
| <b>b</b> Other officers of key employees of the organization SEE SCHEDULE O                                                                                                                                                                                                                            | X   |    |
| If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)                                                                                                                                                                                                                   |     |    |
| <b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      |     | X  |
| <b>b</b> If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶ TN NY

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ THE JONESES, PLLC 750 OLD HICKORY BLVD, BLDG 2, #150 BRENTWOOD TN 37027 (615) 371-6123

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A)<br>Name and Title                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                      |                                                                                            | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) DR. WILLIAM H. FRIST<br>CHAIRMAN | 1<br>0                                                                                     | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (2) JAMES W. AYERS<br>DIRECTOR       | 1<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (3) CHARLES W. CAGLE<br>DIRECTOR     | 1<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (4) KEVIN T. CLAYTON<br>DIRECTOR     | 1<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (5) VICKY GREGG<br>DIRECTOR          | 1<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (6) ZAN GUERRY<br>DIRECTOR           | 1<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (7) J.R. HYDE III<br>DIRECTOR        | 1<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (8) ORRIN H. INGRAM II<br>DIRECTOR   | 1<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (9) DR. THOM MASON<br>DIRECTOR       | 1<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (10) GREGG F. MORTON<br>DIRECTOR     | 1<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (11) SCOTT NISWONGER<br>DIRECTOR     | 1<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (12) JAMES J. POWELL<br>DIRECTOR     | 1<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (13) DEE HASLAM<br>DIRECTOR          | 1<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (14) GREG NELSON<br>DIRECTOR         | 1<br>0                                                                                     | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)**

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                            | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee |                                                                      |                                                                           |                                                                                               |
| (15) JAMIE WOODSON<br>PRESIDENT & CEO                          | 50<br>0                                                                                    |                                                                                                           |                       | X       |              |                              | 300,819.                                                             | 0.                                                                        | 27,542.                                                                                       |
| (16) SHARON ROBERTS<br>COO                                     | 45<br>0                                                                                    |                                                                                                           |                       | X       |              |                              | 155,842.                                                             | 0.                                                                        | 4,742.                                                                                        |
| (17) SYLVIA FLOWERS<br>DIR. TECH. ASST.                        | 40<br>0                                                                                    |                                                                                                           |                       | X       |              |                              | 44,142.                                                              | 0.                                                                        | 2,370.                                                                                        |
| (18)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (19)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (20)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (21)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (22)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (23)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (24)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| (25)                                                           |                                                                                            |                                                                                                           |                       |         |              |                              |                                                                      |                                                                           |                                                                                               |
| <b>1 b Sub-total</b>                                           |                                                                                            |                                                                                                           |                       |         |              |                              | 500,803.                                                             | 0.                                                                        | 34,654.                                                                                       |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                            |                                                                                                           |                       |         |              |                              | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                            |                                                                                                           |                       |         |              |                              | 500,803.                                                             | 0.                                                                        | 34,654.                                                                                       |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

**3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 | X   |    |
| 5 |     | X  |

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII** Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

|                                                           |                                                                                                                                  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| CONTRIBUTIONS, GIFTS, GRANTS<br>AND OTHER SIMILAR AMOUNTS | 1 a Federated campaigns                                                                                                          | 1 a                  |                                                    |                                         |                                                                           |
|                                                           | b Membership dues                                                                                                                | 1 b                  |                                                    |                                         |                                                                           |
|                                                           | c Fundraising events                                                                                                             | 1 c                  |                                                    |                                         |                                                                           |
|                                                           | d Related organizations                                                                                                          | 1 d                  |                                                    |                                         |                                                                           |
|                                                           | e Government grants (contributions).                                                                                             | 1 e                  |                                                    |                                         |                                                                           |
|                                                           | f All other contributions, gifts, grants, and<br>similar amounts not included above                                              | 1 f 1,602,481.       |                                                    |                                         |                                                                           |
|                                                           | g Noncash contributions included in lns 1a-1f: \$                                                                                |                      |                                                    |                                         |                                                                           |
|                                                           | h Total. Add lines 1a-1f                                                                                                         | 1,602,481.           |                                                    |                                         |                                                                           |
| PROGRAM SERVICE REVENUE                                   | Business Code                                                                                                                    |                      |                                                    |                                         |                                                                           |
|                                                           | 2 a                                                                                                                              |                      |                                                    |                                         |                                                                           |
|                                                           | b                                                                                                                                |                      |                                                    |                                         |                                                                           |
|                                                           | c                                                                                                                                |                      |                                                    |                                         |                                                                           |
|                                                           | d                                                                                                                                |                      |                                                    |                                         |                                                                           |
|                                                           | e                                                                                                                                |                      |                                                    |                                         |                                                                           |
|                                                           | f All other program service revenue                                                                                              |                      |                                                    |                                         |                                                                           |
|                                                           | g Total. Add lines 2a-2f                                                                                                         |                      |                                                    |                                         |                                                                           |
| OTHER REVENUE                                             | 3 Investment income (including dividends, interest and<br>other similar amounts)                                                 |                      | 3,567.                                             |                                         | 3,567.                                                                    |
|                                                           | 4 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)                                                                                                    |                      |                                                    |                                         |                                                                           |
|                                                           | (i) Securities (ii) Other                                                                                                        |                      |                                                    |                                         |                                                                           |
|                                                           | 7 a Gross amount from sales of<br>assets other than inventory                                                                    |                      |                                                    |                                         |                                                                           |
|                                                           | b Less: cost or other basis<br>and sales expenses                                                                                |                      |                                                    |                                         |                                                                           |
|                                                           | c Gain or (loss)                                                                                                                 |                      |                                                    |                                         |                                                                           |
|                                                           | d Net gain or (loss)                                                                                                             |                      |                                                    |                                         |                                                                           |
|                                                           | 8 a Gross income from fundraising events<br>(not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18. | a                    |                                                    |                                         |                                                                           |
|                                                           | b Less: direct expenses                                                                                                          | b                    |                                                    |                                         |                                                                           |
|                                                           | c Net income or (loss) from fundraising events                                                                                   |                      |                                                    |                                         |                                                                           |
|                                                           | 9 a Gross income from gaming activities.<br>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<br>and allowances                                                                    | a                    |                                                    |                                         |                                                                           |
| b Less: cost of goods sold                                | b                                                                                                                                |                      |                                                    |                                         |                                                                           |
| c Net income or (loss) from sales of inventory            |                                                                                                                                  |                      |                                                    |                                         |                                                                           |
| Miscellaneous Revenue Business Code                       |                                                                                                                                  |                      |                                                    |                                         |                                                                           |
| 11 a OTHER REVENUE                                        | 900099                                                                                                                           | 300.                 |                                                    | 300.                                    |                                                                           |
| b                                                         |                                                                                                                                  |                      |                                                    |                                         |                                                                           |
| c                                                         |                                                                                                                                  |                      |                                                    |                                         |                                                                           |
| d All other revenue                                       |                                                                                                                                  |                      |                                                    |                                         |                                                                           |
| e Total. Add lines 11a-11d                                |                                                                                                                                  | 300.                 |                                                    |                                         |                                                                           |
| 12 Total revenue. See instructions                        |                                                                                                                                  | 1,606,348.           | 0.                                                 | 0.                                      | 3,867.                                                                    |

**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 to any question in this Part IX

☒ X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII                                                                                                                                                              | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21                                                                                                                                  | 55,000.               | 55,000.                         |                                        |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22                                                                                                                                                    |                       |                                 |                                        |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16                                                                                                       |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                 | 500,803.              | 442,455.                        | 58,348.                                | 0.                          |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                            | 0.                    | 0.                              | 0.                                     | 0.                          |
| 7 Other salaries and wages                                                                                                                                                                                                                 | 397,148.              | 350,876.                        | 46,272.                                |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                               |                       |                                 |                                        |                             |
| 9 Other employee benefits                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 10 Payroll taxes                                                                                                                                                                                                                           | 92,669.               | 81,872.                         | 10,797.                                |                             |
| 11 Fees for services (non-employees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| a Management                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| b Legal                                                                                                                                                                                                                                    | 2,750.                |                                 | 2,750.                                 |                             |
| c Accounting                                                                                                                                                                                                                               | 26,445.               | 21,156.                         | 5,289.                                 |                             |
| d Lobbying                                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                                                                  |                       |                                 |                                        |                             |
| f Investment management fees                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O.)                                                                                                                                        | 193,160.              | 191,627.                        | 1,533.                                 |                             |
| 12 Advertising and promotion                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 13 Office expenses                                                                                                                                                                                                                         | 28,037.               | 24,459.                         | 3,578.                                 |                             |
| 14 Information technology                                                                                                                                                                                                                  | 37,408.               | 36,528.                         | 880.                                   |                             |
| 15 Royalties                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 16 Occupancy                                                                                                                                                                                                                               | 48,000.               | 38,400.                         | 9,600.                                 |                             |
| 17 Travel                                                                                                                                                                                                                                  | 41,819.               | 41,819.                         |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                          |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 20 Interest                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 21 Payments to affiliates                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization                                                                                                                                                                                               | 3,392.                |                                 | 3,392.                                 |                             |
| 23 Insurance                                                                                                                                                                                                                               | 2,323.                | 368.                            | 1,955.                                 |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                       |                                 |                                        |                             |
| a BROAD ASSESSMENT                                                                                                                                                                                                                         | 129,000.              | 129,000.                        |                                        |                             |
| b PRINTING AND PUBLICATIONS                                                                                                                                                                                                                | 114,384.              | 114,384.                        |                                        |                             |
| c TEACHER EVALUATION                                                                                                                                                                                                                       | 110,516.              | 110,516.                        |                                        |                             |
| d SOCIAL MEDIA                                                                                                                                                                                                                             | 53,071.               | 53,071.                         |                                        |                             |
| e All other expenses                                                                                                                                                                                                                       | 84,586.               | 81,455.                         | 3,131.                                 |                             |
| 25 Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                      | 1,920,511.            | 1,772,986.                      | 147,525.                               | 0.                          |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

**Part X** Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

|                                                                     |                                                                                                                                                                                                                                                                                                                                 | (A)<br>Beginning of year |        | (B)<br>End of year |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------|--------------------|
| <b>ASSETS</b>                                                       | 1 Cash – non-interest-bearing                                                                                                                                                                                                                                                                                                   | 390,262.                 | 1      | 3,093,123.         |
|                                                                     | 2 Savings and temporary cash investments                                                                                                                                                                                                                                                                                        | 1,926,566.               | 2      | 1,639,402.         |
|                                                                     | 3 Pledges and grants receivable, net                                                                                                                                                                                                                                                                                            | 690,000.                 | 3      | 550,000.           |
|                                                                     | 4 Accounts receivable, net                                                                                                                                                                                                                                                                                                      |                          | 4      |                    |
|                                                                     | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                                                                                                                                                           |                          | 5      |                    |
|                                                                     | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L |                          | 6      |                    |
|                                                                     | 7 Notes and loans receivable, net                                                                                                                                                                                                                                                                                               |                          | 7      |                    |
|                                                                     | 8 Inventories for sale or use                                                                                                                                                                                                                                                                                                   |                          | 8      |                    |
|                                                                     | 9 Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                         |                          | 9      |                    |
|                                                                     | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D                                                                                                                                                                                                                                         | 10a 14,894.              |        |                    |
|                                                                     | b Less: accumulated depreciation                                                                                                                                                                                                                                                                                                | 10b 6,657.               | 5,331. | 10c 8,237.         |
|                                                                     | 11 Investments – publicly traded securities                                                                                                                                                                                                                                                                                     |                          | 11     |                    |
|                                                                     | 12 Investments – other securities See Part IV, line 11                                                                                                                                                                                                                                                                          |                          | 12     |                    |
|                                                                     | 13 Investments – program-related. See Part IV, line 11                                                                                                                                                                                                                                                                          |                          | 13     |                    |
|                                                                     | 14 Intangible assets                                                                                                                                                                                                                                                                                                            |                          | 14     |                    |
|                                                                     | 15 Other assets. See Part IV, line 11                                                                                                                                                                                                                                                                                           |                          | 15     |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) |                                                                                                                                                                                                                                                                                                                                 | 3,012,159.               | 16     | 5,290,762.         |
| <b>LIABILITIES</b>                                                  | 17 Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                        | 31,772.                  | 17     | 59,912.            |
|                                                                     | 18 Grants payable                                                                                                                                                                                                                                                                                                               |                          | 18     |                    |
|                                                                     | 19 Deferred revenue                                                                                                                                                                                                                                                                                                             |                          | 19     |                    |
|                                                                     | 20 Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                  |                          | 20     |                    |
|                                                                     | 21 Escrow or custodial account liability. Complete Part IV of Schedule D                                                                                                                                                                                                                                                        |                          | 21     |                    |
|                                                                     | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L                                                                                                                                         |                          | 22     |                    |
|                                                                     | 23 Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                               |                          | 23     |                    |
|                                                                     | 24 Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                 |                          | 24     |                    |
|                                                                     | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.                                                                                                                                                       | 80,389.                  | 25     | 2,645,015.         |
|                                                                     | 26 <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                                                                                                                                                                            | 112,161.                 | 26     | 2,704,927.         |
| <b>NET ASSETS OR FUND BALANCES</b>                                  | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.                                                                                                                                                                             |                          |        |                    |
|                                                                     | 27 Unrestricted net assets                                                                                                                                                                                                                                                                                                      | 2,209,998.               | 27     | 1,985,835.         |
|                                                                     | 28 Temporarily restricted net assets                                                                                                                                                                                                                                                                                            | 690,000.                 | 28     | 600,000.           |
|                                                                     | 29 Permanently restricted net assets                                                                                                                                                                                                                                                                                            |                          | 29     |                    |
|                                                                     | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                                                                                                                                                                                                      |                          |        |                    |
|                                                                     | 30 Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                           |                          | 30     |                    |
|                                                                     | 31 Paid-in or capital surplus, or land, building, or equipment fund                                                                                                                                                                                                                                                             |                          | 31     |                    |
|                                                                     | 32 Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                             |                          | 32     |                    |
|                                                                     | 33 <b>Total net assets or fund balances</b>                                                                                                                                                                                                                                                                                     | 2,899,998.               | 33     | 2,585,835.         |
|                                                                     | 34 <b>Total liabilities and net assets/fund balances</b>                                                                                                                                                                                                                                                                        | 3,012,159.               | 34     | 5,290,762.         |

BAA

Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

|    |                                                                                                                |    |            |
|----|----------------------------------------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | 1  | 1,606,348. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 1,920,511. |
| 3  | Revenue less expenses Subtract line 2 from line 1                                                              | 3  | -314,163.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 2,899,998. |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5  |            |
| 6  | Donated services and use of facilities                                                                         | 6  |            |
| 7  | Investment expenses                                                                                            | 7  |            |
| 8  | Prior period adjustments                                                                                       | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                           | 9  | 0.         |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 2,585,835. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

|                                                                                                                                                                                                                            | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                                                           |     |    |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O                                                                                                           |     |    |
| 2 a Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                        | 2 a | X  |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:                                                          |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                                                          |     |    |
| b Were the organization's financial statements audited by an independent accountant?                                                                                                                                       | 2 b | X  |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:                                                                       |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                                               |     |    |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2 c | X  |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.                                                                                                  |     |    |
| 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?                                                               | 3 a | X  |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits     | 3 b |    |

BAA

Form 990 (2012)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

TENNESSEE STATE COLLABORATIVE ON  
REFORMING EDUCATION

Employer identification number

26-3670335

**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 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ 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.)
- 9 ☐ 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☐ Type I      b ☐ Type II      c ☐ Type III – Functionally integrated      d ☐ Type III – Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

|            | Yes | No |
|------------|-----|----|
| 11 g (i)   |     |    |
| 11 g (ii)  |     |    |
| 11 g (iii) |     |    |

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? |    | (v) Did you notify the organization in column (i) of your support? |    | (vi) Is the organization in column (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|----------------------------------|
|                                    |          |                                                                                             | Yes                                                                       | No | Yes                                                                | No | Yes                                                           | No |                                  |
| (A)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| (B)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| (C)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| (D)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| (E)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |
| Total                              |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                                  |

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

Schedule A (Form 990 or 990-EZ) 2012

**Part III 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2008 | (b) 2009 | (c) 2010   | (d) 2011   | (e) 2012   | (f) Total  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)                                                                                                  |          | 50,000.  | 2,988,909. | 2,378,199. | 1,602,481. | 7,019,589. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |            |            |            | 0.         |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |            |            |            | 0.         |
| 4 <b>Total.</b> Add lines 1 through 3                                                                                                                                                                 | 0.       | 50,000.  | 2,988,909. | 2,378,199. | 1,602,481. | 7,019,589. |
| 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) |          |          |            |            |            | 3,198,712. |
| 6 <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                  |          |          |            |            |            | 3,820,877. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                                        | (a) 2008 | (b) 2009 | (c) 2010   | (d) 2011   | (e) 2012   | (f) Total  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|------------|------------|------------|------------|
| 7 Amounts from line 4                                                                                                                                                                                                                | 0.       | 50,000.  | 2,988,909. | 2,378,199. | 1,602,481. | 7,019,589. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                     |          |          | 5,231.     | 7,757.     | 3,567.     | 16,555.    |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                                 |          |          |            |            |            | 0.         |
| 10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV                                                                                                                      |          |          |            |            | 300.       | 300.       |
| 11 <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                                      |          |          |            |            |            | 7,036,444. |
| 12 Gross receipts from related activities, etc (see instructions)                                                                                                                                                                    |          |          |            |            | 12         | 0.         |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input checked="" type="checkbox"/> |          |          |            |            |            |            |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                               | 14 | % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                     | 15 | % |
| 16a <b>33-1/3% support test – 2012.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>                                                                                                                                                                       |    |   |
| b <b>33-1/3% support test – 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>                                                                                                                                                                        |    |   |
| 17a <b>10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>    |    |   |
| b <b>10%-facts-and-circumstances test – 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |    |   |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                 |    |   |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in) ▶                                                                                                                                        | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)                                                                         |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.                                                                  |          |          |          |          |          |           |
| <b>6</b> Total. Add lines 1 through 5.                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b.                                                                                                                                                      |          |          |          |          |          |           |
| <b>8</b> Public support. (Subtract line 7c from line 6.)                                                                                                                           |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ▶                                                                                                | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6.                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                  |          |          |          |          |          |           |
| <b>13</b> Total support. (Add lns 9, 10c, 11, and 12.)                                                                                     |          |          |          |          |          |           |

**14** First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐**Section C. Computation of Public Support Percentage**

|                                                                                                   |           |   |
|---------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). | <b>15</b> | % |
| <b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15.                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                        |           |   |
|--------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17.                        | <b>18</b> | % |

**19a** 33-1/3% support tests – 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐**b** 33-1/3% support tests – 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐**20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

[illegible]

2012

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

TENNESSEE STATE COLLABORATIVE ON  
REFORMING EDUCATION

26-3670335

## PART II, LINE 10 - OTHER INCOME

| NATURE AND SOURCE | 2012           | 2011         | 2010         | 2009         | 2008         |
|-------------------|----------------|--------------|--------------|--------------|--------------|
| OTHER REVENUE     | \$ 300.        |              |              |              |              |
| TOTAL             | <u>\$ 300.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

OMB No 1545-0047

**2012**

**Open to Public Inspection**

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

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

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

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

**If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

Employer identification number

TENNESSEE STATE COLLABORATIVE ON

26-3670335

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures. . . . . ▶ \$
- 3 Volunteer hours. . . . . ▶ \$

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955. . . . . ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If 'Yes,' describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. . . . . ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| (1)      |             |         |                                                                      |                                                                                                                                             |
| (2)      |             |         |                                                                      |                                                                                                                                             |
| (3)      |             |         |                                                                      |                                                                                                                                             |
| (4)      |             |         |                                                                      |                                                                                                                                             |
| (5)      |             |         |                                                                      |                                                                                                                                             |
| (6)      |             |         |                                                                      |                                                                                                                                             |

**Part I A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply

**Limits on Lobbying Expenditures**  
(The term 'expenditures' means amounts paid or incurred.)

- 1 a** Total lobbying expenditures to influence public opinion (grass roots lobbying)  
**b** Total lobbying expenditures to influence a legislative body (direct lobbying)  
**c** Total lobbying expenditures (add lines 1a and 1b) . . .  
**d** Other exempt purpose expenditures  
**e** Total exempt purpose expenditures (add lines 1c and 1d)

(a) Filing organization's totals

(b) Affiliated group totals

0. 0.

1,772,986. 1,772,986.

1,772,986. 0.

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

238,649.

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                |
|-------------------------------------------------|---------------------------------------------------|
| Not over \$500,000                              | 20% of the amount on line 1e.                     |
| Over \$500,000 but not over \$1,000,000         | \$100,000 plus 15% of the excess over \$500,000.  |
| Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000      | \$225,000 plus 5% of the excess over \$1,500,000. |
| Over \$17,000,000                               | \$1,000,000.                                      |

- g** Grassroots nontaxable amount (enter 25% of line 1f) . . . . .

59,662. 0.

- h** Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .

0. 0.

- i** Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .

0. 0.

- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .

☐ Yes ☐ No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                                | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
|----------------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| <b>2 a</b> Lobbying non-taxable amount . . . . .                           |          | 190,086. | 198,610. | 238,649. | 627,345.  |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)) . . . . .   |          |          |          |          | 941,018.  |
| <b>c</b> Total lobbying expenditures . . . . .                             |          | 10,480.  | 2,349.   |          | 12,829.   |
| <b>d</b> Grassroots nontaxable amount . . . . .                            |          | 47,522.  | 49,653.  | 59,662.  | 156,837.  |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) . . . . . |          |          |          |          | 235,256.  |
| <b>f</b> Grassroots lobbying expenditures . . . . .                        |          |          |          |          | 0.        |

BAA

Schedule C (Form 990 or 990-EZ) 2012

**Part III-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|                                                                                                                                                                                                                                | (a) |    | (b)    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| a Volunteers?                                                                                                                                                                                                                  |     |    |        |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                 |     |    |        |
| c Media advertisements?                                                                                                                                                                                                        |     |    |        |
| d Mailings to members, legislators, or the public?                                                                                                                                                                             |     |    |        |
| e Publications, or published or broadcast statements?                                                                                                                                                                          |     |    |        |
| f Grants to other organizations for lobbying purposes?                                                                                                                                                                         |     |    |        |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                  |     |    |        |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     |    |        |
| i Other activities?                                                                                                                                                                                                            |     |    |        |
| j Total. Add lines 1c through 1i                                                                                                                                                                                               |     |    |        |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                               |     |    |        |
| b If 'Yes,' enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |    |        |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |    |        |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |    |        |

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|                                                                                                     | Yes | No |
|-----------------------------------------------------------------------------------------------------|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members?                      | 1   |    |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | 2   |    |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3   |    |

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

|                                                                                                                                                                                                                                              |     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--|
| 1 Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1   |  |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |     |  |
| a Current year                                                                                                                                                                                                                               | 2 a |  |
| b Carryover from last year                                                                                                                                                                                                                   | 2 b |  |
| c Total                                                                                                                                                                                                                                      | 2 c |  |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | 3   |  |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4   |  |
| 5 Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | 5   |  |

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list), Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Financial Statements**

▶ Complete if the organization answered 'Yes,' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

TENNESSEE STATE COLLABORATIVE ON  
REFORMING EDUCATION

26-3670335

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

|                                            | (a) Donor advised funds | (b) Funds and other accounts |
|--------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year              |                         |                              |
| 2 Aggregate contributions to (during year) |                         |                              |
| 3 Aggregate 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 advised 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II Conservation Easements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|                                                                                              |                                                                              |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space                                          |                                                                              |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|                                                                                                                                            | Held at the End of the Tax Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements                                                                                                   | 2 a                             |
| b Total acreage restricted by conservation easements.                                                                                      | 2 b                             |
| c Number of conservation easements on a certified historic structure included in (a)                                                       | 2 c                             |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2 d                             |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

|     | Amount |
|-----|--------|
| 1 c |        |
| 1 d |        |
| 1 e |        |
| 1 f |        |

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

|                                                  | (a) Current | (b) Prior year | (c) Two years | (d) Three years | (e) Four years |
|--------------------------------------------------|-------------|----------------|---------------|-----------------|----------------|
| 1 a Beginning of year balance                    |             |                |               |                 |                |
| b Contributions                                  |             |                |               |                 |                |
| c Net investment earnings, gains, and losses     |             |                |               |                 |                |
| d Grants or scholarships                         |             |                |               |                 |                |
| e Other expenditures for facilities and programs |             |                |               |                 |                |
| f Administrative expenses                        |             |                |               |                 |                |
| g End of year balance                            |             |                |               |                 |                |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations ☐

(ii) related organizations ☐

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? ☐

|        | Yes                      | No                       |
|--------|--------------------------|--------------------------|
| 3a(i)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3a(ii) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b     | <input type="checkbox"/> | <input type="checkbox"/> |

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property                                                                         | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land                                                                                        |                                      |                                 |                              |                |
| b Buildings                                                                                     |                                      |                                 |                              |                |
| c Leasehold improvements                                                                        |                                      |                                 |                              |                |
| d Equipment                                                                                     |                                      | 13,545.                         | 5,696.                       | 7,849.         |
| e Other                                                                                         |                                      | 1,349.                          | 961.                         | 388.           |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 8,237.         |

BAA

Schedule D (Form 990) 2012

**Part VII Investments – Other Securities.** See Form 990, Part X, line 12. N/A

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

**Part VIII Investments – Program Related.** See Form 990, Part X, line 13. N/A

| (a) Description of investment type                                     | (b) Book value | (c) Method of valuation: Cost or<br>end-of-year market value |
|------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1)                                                                    |                |                                                              |
| (2)                                                                    |                |                                                              |
| (3)                                                                    |                |                                                              |
| (4)                                                                    |                |                                                              |
| (5)                                                                    |                |                                                              |
| (6)                                                                    |                |                                                              |
| (7)                                                                    |                |                                                              |
| (8)                                                                    |                |                                                              |
| (9)                                                                    |                |                                                              |
| (10)                                                                   |                |                                                              |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶ |                |                                                              |

**Part IX Other Assets.** See Form 990, Part X, line 15. N/A

| (a) Description                                                         | (b) Book value |
|-------------------------------------------------------------------------|----------------|
| (1)                                                                     |                |
| (2)                                                                     |                |
| (3)                                                                     |                |
| (4)                                                                     |                |
| (5)                                                                     |                |
| (6)                                                                     |                |
| (7)                                                                     |                |
| (8)                                                                     |                |
| (9)                                                                     |                |
| (10)                                                                    |                |
| Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶ |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| (a) Description of liability                                           | (b) Book value |
|------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                               |                |
| (2) FUNDS HELD UNDER AGENCY AGREEMENTS                                 | 2,645,015.     |
| (3)                                                                    |                |
| (4)                                                                    |                |
| (5)                                                                    |                |
| (6)                                                                    |                |
| (7)                                                                    |                |
| (8)                                                                    |                |
| (9)                                                                    |                |
| (10)                                                                   |                |
| (11)                                                                   |                |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶ |                |

2. FIN 48 (ASC 740) Footnote. 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 ☒ SEE PART XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |                                                                                 |    |    |            |
|---|---------------------------------------------------------------------------------|----|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements        |    | 1  | 1,606,348. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |    |            |
| a | Net unrealized gains on investments                                             | 2a |    |            |
| b | Donated services and use of facilities                                          | 2b |    |            |
| c | Recoveries of prior year grants                                                 | 2c |    |            |
| d | Other (Describe in Part XIII)                                                   | 2d |    |            |
| e | Add lines 2a through 2d                                                         |    | 2e |            |
| 3 | Subtract line 2e from line 1                                                    |    | 3  | 1,606,348. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |    |            |
| b | Other (Describe in Part XIII)                                                   | 4b |    |            |
| c | Add lines 4a and 4b                                                             |    | 4c |            |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5  | 1,606,348. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |                                                                                  |    |    |            |
|---|----------------------------------------------------------------------------------|----|----|------------|
| 1 | Total expenses and losses per audited financial statements                       |    | 1  | 1,920,511. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |    |            |
| a | Donated services and use of facilities                                           | 2a |    |            |
| b | Prior year adjustments                                                           | 2b |    |            |
| c | Other losses                                                                     | 2c |    |            |
| d | Other (Describe in Part XIII)                                                    | 2d |    |            |
| e | Add lines 2a through 2d                                                          |    | 2e |            |
| 3 | Subtract line 2e from line 1                                                     |    | 3  | 1,920,511. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |    |            |
| b | Other (Describe in Part XIII)                                                    | 4b |    |            |
| c | Add lines 4a and 4b                                                              |    | 4c |            |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5  | 1,920,511. |

**Part XIII Supplemental Information**

Complete this part to 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 - FIN 48 FOOTNOTE**

SCORE HAS QUALIFIED FOR TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT A PRIVATE FOUNDATION.

SCORE FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION ("FASB ASC") GUIDANCE RELATED TO UNCERTAIN TAX PROVISIONS. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT A TAX

BAA

Schedule D (Form 990) 2012

**Part XIII** Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE (CONTINUED)**

POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. SCORE HAS NO TAX PENALTIES OR INTEREST REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. TAX YEARS THAT REMAIN OPEN FOR EXAMINATION INCLUDE THE YEARS ENDED DECEMBER 31, 2010 THROUGH DECEMBER 31, 2012.

**SCHEDULE I**  
(Form 990)

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No 1545-0047

**2012**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

**Open to Public  
Inspection**

Name of the organization

TENNESSEE STATE COLLABORATIVE ON

**Part I General Information on Grants and Assistance**

Employer identification number

26-3670335

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . . . . SEE PART IV

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                              | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| (1) COVINGTON HIGH SCHOOL<br>803 SOUTH COLLEGE STREET<br>COVINGTON, TN 38019      | 62-6000870 | 501 (C) (3)                   | 10,000.                  | 0.                                |                                                       |                                        | AWARD                              |
| (2) HAMBLIN COUNTY SCHOOLS<br>210 EAST MORRIS BLVD<br>MORRISTOWN, TN 37813        | 62-6000633 | 501 (C) (3)                   | 25,000.                  | 0.                                |                                                       |                                        | AWARD                              |
| (3) JOHN SEVIER ELEMENTARY<br>2001 SEQUOYAH AVENUE<br>MARYVILLE, TN 37804         | 62-6000353 | 501 (C) (3)                   | 10,000.                  | 0.                                |                                                       |                                        | AWARD                              |
| (4) ROSE PARK MATH & SCIENCE MAGN<br>1025 9TH AVENUE SOUTH<br>NASHVILLE, TN 37203 | 62-0717138 | 501 (C) (3)                   | 10,000.                  | 0.                                |                                                       |                                        | AWARD                              |
| (5) -----                                                                         |            |                               |                          |                                   |                                                       |                                        |                                    |
| (6) -----                                                                         |            |                               |                          |                                   |                                                       |                                        |                                    |
| (7) -----                                                                         |            |                               |                          |                                   |                                                       |                                        |                                    |
| (8) -----                                                                         |            |                               |                          |                                   |                                                       |                                        |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table. . . . . 4

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

TEEA3901L 11/30/12

Schedule I (Form 990) (2012)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
| 1                               |                          |                          |                                   |                                                       |                                        |
| 2                               |                          |                          |                                   |                                                       |                                        |
| 3                               |                          |                          |                                   |                                                       |                                        |
| 4                               |                          |                          |                                   |                                                       |                                        |
| 5                               |                          |                          |                                   |                                                       |                                        |
| 6                               |                          |                          |                                   |                                                       |                                        |
| 7                               |                          |                          |                                   |                                                       |                                        |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

THE NATURE OF THIS PARTICULAR GRANT IS SUB-GRANT. THE ORIGINAL GRANTOR IS RESPONSIBLE

FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES. THE GRANTS MADE TO

SCHOOLS AND DISTRICTS WERE WITHOUT RESTRICTIONS (SCORE PRIZE WINNERS) BUT PROVIDED

GENERAL GUIDELINES FOR SPENDING THAT REQUIRED THE FUNDS TO BE SPEND ON

SCHOOL/DISTRICT NEEDS AS IDENTIFIED BY THE RESPECTIVE STAFFS.

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

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**  
► **Attach to Form 990.** ► **See separate instructions.**

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

TENNESSEE STATE COLLABORATIVE ON

Employer identification number

26-3670335

**Part I** Questions Regarding Compensation

- 1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |                                                                    |                                                                          |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., 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

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 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

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

PART III

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?

- b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?

- b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

- 8** Were any amounts reported in 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.

- 9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|     | Yes | No |
|-----|-----|----|
| 1 a |     |    |
| 1 b |     |    |
| 2   |     |    |
| 3   |     |    |
| 4 a |     | X  |
| 4 b |     | X  |
| 4 c |     | X  |
| 5 a |     | X  |
| 5 b |     | X  |
| 6 a |     | X  |
| 6 b |     | X  |
| 7   |     | X  |
| 8   |     | X  |
| 9   |     |    |

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

Schedule J (Form 990) 2012

**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 in 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 are not listed on Form 990, Part VII.

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

| (A) Name and Title                 | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                       |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (D)-(F) | (F) Compensation reported as deferred in prior Form 990 |
|------------------------------------|----------------------------------------------------|---------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|------------------------------|---------------------------------------------------------|
|                                    | (i) Base compensation                              | (ii) Bonus and incentive compensation | (iii) Other reportable compensation |                                                |                         |                              |                                                         |
| 1 JAMIE WOODSON<br>PRESIDENT & CEO | (i) 275,819.                                       | (ii) 25,000.                          | (iii) 0.                            | 12,500.                                        | 15,042.                 | 328,361.                     | 0.                                                      |
|                                    | (ii) 0.                                            | 0.                                    | 0.                                  | 0.                                             | 0.                      | 0.                           | 0.                                                      |
| 2 SHARON ROBERTS<br>COO            | (i) 155,842.                                       | (ii) 0.                               | (iii) 0.                            | 0.                                             | 4,742.                  | 160,584.                     | 0.                                                      |
|                                    | (ii) 0.                                            | 0.                                    | 0.                                  | 0.                                             | 0.                      | 0.                           | 0.                                                      |
| 3                                  | (i)                                                |                                       |                                     |                                                |                         |                              |                                                         |
|                                    | (ii)                                               |                                       |                                     |                                                |                         |                              |                                                         |
| 4                                  | (i)                                                |                                       |                                     |                                                |                         |                              |                                                         |
|                                    | (ii)                                               |                                       |                                     |                                                |                         |                              |                                                         |
| 5                                  | (i)                                                |                                       |                                     |                                                |                         |                              |                                                         |
|                                    | (ii)                                               |                                       |                                     |                                                |                         |                              |                                                         |
| 6                                  | (i)                                                |                                       |                                     |                                                |                         |                              |                                                         |
|                                    | (ii)                                               |                                       |                                     |                                                |                         |                              |                                                         |
| 7                                  | (i)                                                |                                       |                                     |                                                |                         |                              |                                                         |
|                                    | (ii)                                               |                                       |                                     |                                                |                         |                              |                                                         |
| 8                                  | (i)                                                |                                       |                                     |                                                |                         |                              |                                                         |
|                                    | (ii)                                               |                                       |                                     |                                                |                         |                              |                                                         |
| 9                                  | (i)                                                |                                       |                                     |                                                |                         |                              |                                                         |
|                                    | (ii)                                               |                                       |                                     |                                                |                         |                              |                                                         |
| 10                                 | (i)                                                |                                       |                                     |                                                |                         |                              |                                                         |
|                                    | (ii)                                               |                                       |                                     |                                                |                         |                              |                                                         |
| 11                                 | (i)                                                |                                       |                                     |                                                |                         |                              |                                                         |
|                                    | (ii)                                               |                                       |                                     |                                                |                         |                              |                                                         |
| 12                                 | (i)                                                |                                       |                                     |                                                |                         |                              |                                                         |
|                                    | (ii)                                               |                                       |                                     |                                                |                         |                              |                                                         |
| 13                                 | (i)                                                |                                       |                                     |                                                |                         |                              |                                                         |
|                                    | (ii)                                               |                                       |                                     |                                                |                         |                              |                                                         |
| 14                                 | (i)                                                |                                       |                                     |                                                |                         |                              |                                                         |
|                                    | (ii)                                               |                                       |                                     |                                                |                         |                              |                                                         |
| 15                                 | (i)                                                |                                       |                                     |                                                |                         |                              |                                                         |
|                                    | (ii)                                               |                                       |                                     |                                                |                         |                              |                                                         |
| 16                                 | (i)                                                |                                       |                                     |                                                |                         |                              |                                                         |
|                                    | (ii)                                               |                                       |                                     |                                                |                         |                              |                                                         |

TEEA4102L 12/11/12

Schedule J (Form 990) 2012

BAA

## Part III

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

**PART 1, LINE 3 - METHODS USED BY RELATED ORG. TO ESTABLISH CEO/EXEC. DIR. COMPENSATION**

THE BOARD ESTABLISHED A COMPENSATION COMMITTEE TO REVIEW COMPARABLE ORGANIZATIONS TO

SCORE AND DETERMINE A COMPENSATION PACKAGE. THE CEO IS PROVIDED A WRITTEN EMPLOYMENT

**CONTRACT DETAILING COMPENSATION:**

**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.

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **TENNESSEE STATE COLLABORATIVE ON  
REFORMING EDUCATION**

Employer identification number  
**26-3670335**

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

TO ENSURE THAT EVERY TENNESSEE HIGH SCHOOL GRADUATE IS READY FOR COLLEGE AND A  
CAREER AND THAT TENNESSEE IS THE FASTEST IMPROVING STATE IN THE NATION. WE DO THIS  
THROUGH RESEARCH-BASED POLICY ADVOCACY, STRATEGIC COMMUNICATIONS, TARGETED OUTREACH,  
PROGRESS MONITORING, AND HIGHLIGHTING AND SHARING BEST-PRACTICES. TO ACCOMPLISH OUR  
MISSION, ALL ACTIVITIES ARE FOCUSED ON THE FOLLOWING FOUR PILLARS: EMBRACING HIGH  
STANDARDS, CULTIVATING GREAT SCHOOL AND DISTRICT LEADERS, ENSURING EXCELLENT  
TEACHING, AND USING DATA TO ENHANCE STUDENT LEARNING.

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

POLICY AND ADVOCACY: SCORE'S ADVOCACY, COMMUNICATIONS, AND OUTREACH EFFORTS IN 2012  
SQUARELY ALIGNED WITH EFFORTS TO INSPIRE, ILLUMINATE AND INNOVATE. BELOW ARE THE  
MAJOR PROJECTS THAT SUPPORTED THIS WORK:

-REPORTS AND POLICY MEMOS: ANNUALLY, SCORE PRODUCES A NUMBER OF TIMELY AND  
SIGNIFICANT REPORTS AND POLICY MEMOS AS DETERMINED BY THE NEEDS OF SCORE'S  
COLLABORATIVE PARTNERS. EACH YEAR SCORE PRODUCES AN ANNUAL REPORT, "THE STATE OF  
EDUCATION IN TENNESSEE," WHICH IS A COMPREHENSIVE ASSESSMENT OF PUBLIC EDUCATION IN  
TENNESSEE. THIS REPORT PROVIDES AN UPDATE OF THE STATE'S PROGRESS IN IMPROVING  
STUDENT ACHIEVEMENT, ANALYZES THE WORK THAT HAS OCCURRED OVER THE LAST YEAR THAT HAS  
CONTRIBUTED TO ACHIEVEMENT GAINS, AND PROVIDES RECOMMENDATIONS TO THE STATE TO ENSURE  
THAT TENNESSEE CONTINUES ON A PATHWAY OF PREPARING ALL STUDENTS FOR SUCCESS IN  
COLLEGE AND THE WORKFORCE. THIS REPORT IS GROUNDED IN EXTENSIVE RESEARCH AND FEEDBACK  
FROM EDUCATORS, HIGHER EDUCATION FACULTY, THE TENNESSEE DEPARTMENT OF EDUCATION, AND  
BUSINESS AND PHILANTHROPIC PARTNERS. OTHER IMPORTANT POLICY MEMOS DEVELOPED AND  
DISTRIBUTED IN 2012 INCLUDE, "SUPERINTENDENT SELECTION IN TENNESSEE," "COMMON CORE STATE  
STANDARDS," "TENNESSEE'S NO CHILD LEFT BEHIND WAIVER," "TVAAS," AND "TEACHER LICENSURE IN

Name of the organization **TENNESSEE STATE COLLABORATIVE ON  
REFORMING EDUCATION**

Employer identification number  
**26-3670335**

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

TENNESSEE."

-SCORE INSTITUTE: IN 2012, SCORE HOSTED A SCORE INSTITUTE EVENT FOCUSED ON TENNESSEE'S  
WORK TO BETTER PREPARE STUDENTS THROUGH THE IMPLEMENTATION OF THE NEW COMMON CORE  
STATE STANDARDS. GOVERNOR HASLAM LED A PANEL DISCUSSION ON THE IMPORTANCE OF HIGHER  
ACADEMIC STANDARDS IN TENNESSEE. THE PANEL INCLUDED EDUCATORS AS WELL AS  
REPRESENTATIVES FROM BUSINESS AND HIGHER EDUCATION COMMUNITIES.

-OUTREACH AND COMMUNICATIONS: THROUGHOUT THE YEAR SCORE WORKED TO EXPAND ITS OUTREACH  
AND COMMUNICATIONS STRATEGY INCLUDING, BUT NOT LIMITED TO:

\*RE-LAUNCHING THE EXPECT MORE, ACHIEVE MORE COALITION. THE COALITION IS A GROUP  
OF EDUCATION, BUSINESS, AND PHILANTHROPIC ORGANIZATIONS THAT ARE FOCUSED ON  
BUILDING AWARENESS AND SUPPORT FOR HIGH ACADEMIC STANDARDS IN TENNESSEE. IN  
2012, THE COALITION EXPANDED TO INCLUDE MORE THAN 150 ORGANIZATIONS ACROSS THAT  
STATE, DISTRIBUTED MORE THAN 500,000 BROCHURES TO PARENTS ABOUT THE TRANSITION  
TO HIGHER ACADEMIC STANDARDS, AND BEGAN COMMUNITY-BASED CONVERSATIONS ABOUT THE  
IMPORTANCE OF RAISING ACADEMIC STANDARDS.

\*FACILITATING AND LEADING STRATEGIC PRESENTATIONS. SCORE TEAM MEMBERS FACILITATED  
MORE THAN 80 PRESENTATIONS TO LOCAL, STATE AND NATIONAL ORGANIZATIONS IN AN EFFORT TO  
SHARE TENNESSEE'S EDUCATIONAL REFORM MESSAGE, INSPIRE OUR PARTNERS, SHARE RESOURCES,  
INNOVATE, AND/OR GATHER INFORMATION THAT WILL INFORM SCORE'S WORK.

-RURAL EDUCATION: AFTER A SUCCESSFUL RURAL EDUCATION SUMMIT IN THE SUMMER OF 2011,  
SCORE DEVELOPED A RURAL EDUCATION NETWORK THAT PROVIDES POLICY DIRECTION ON RURAL

Name of the organization **TENNESSEE STATE COLLABORATIVE ON  
REFORMING EDUCATION**

Employer identification number  
**26-3670335**

**FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS**

EDUCATION ISSUES AS WELL AS SHARES BEST PRACTICES IN RURAL EDUCATION THROUGHOUT THE STATE. A CONVENING FOCUSED ON COMMON CORE IMPLEMENTATION WAS HELD DURING THE SUMMER OF 2012 WITH PRACTITIONERS FROM THROUGHOUT TENNESSEE AND SEVERAL OTHER SOUTHEASTERN STATES WAS HELD DURING THE SUMMER OF 2012. ONGOING CONVERSATIONS THROUGH THE NETWORK HAVE INFORMED SCORE'S ANNUAL REPORT AND PRIORITIES.

-LEGISLATOR EDUCATION: IN NOVEMBER 2012, SCORE WAS ASKED TO PROVIDE ASSISTANCE DURING THE LEGISLATIVE ORIENTATION BY LEADING A NEW LEGISLATOR EDUCATION ORIENTATION DESIGNED TO INFORM NEW LEGISLATORS OF THE RECENT EDUCATION REFORMS IN TENNESSEE.

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

TECHNICAL ASSISTANCE: SCORE WORKS TO COLLABORATIVELY SUPPORT KEY PARTNERS AS THEIR EFFORTS ALIGN WITH SCORE'S WORK TO INSPIRE, ILLUMINATE AND INNOVATE. BELOW ARE THE MAJOR PROJECTS THAT SUPPORTED THIS WORK:

-FIRST TO THE TOP PROGRESS MONITORING: IN ORDER TO ASSESS THE STATE'S PROGRESS WITH IMPLEMENTING ITS FIRST TO THE TOP REFORMS, SCORE CONDUCTED EDUCATOR FOCUS GROUPS AND EXTENSIVE INDIVIDUAL INTERVIEWS WITH EDUCATORS AND OTHER PARTNERS IN IMPLEMENTATION. THIS INFORMATION, WHICH FOCUSED ON THE SUCCESSES AND CHALLENGES OF IMPLEMENTATION, WAS SHARED WITH SCORE'S STEERING COMMITTEE, AS WELL AS OFFICIALS FROM THE TENNESSEE DEPARTMENT OF EDUCATION, AND WAS USED TO INFORM THE PROCESS OF IDENTIFYING THE STATE'S PRIORITIES FOR 2013.

-SCORE PROVIDED TECHNICAL ASSISTANCE TO ASSIST THE TENNESSEE DEPARTMENT OF EDUCATION AND SCHOOL DISTRICTS WHO APPLIED FOR DISTRICT-LEVEL FIRST TO THE TOP FUNDING IN THE FALL OF 2012 BY PARTNERING WITH THE STATE DEPARTMENT OF EDUCATION TO HOST A STATE-LEVEL REVIEW PROCESS FOR DISTRICTS.

|                          |                                                         |                                |            |
|--------------------------|---------------------------------------------------------|--------------------------------|------------|
| Name of the organization | TENNESSEE STATE COLLABORATIVE ON<br>REFORMING EDUCATION | Employer identification number | 26-3670335 |
|--------------------------|---------------------------------------------------------|--------------------------------|------------|

**FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS**

-TEACHER EVALUATION FEEDBACK: DURING 2012, SCORE LED A FIVE-MONTH LISTENING AND FEEDBACK PROCESS ON TENNESSEE'S TEACHER EVALUATION SYSTEM THAT WAS FIRST IMPLEMENTED DURING THE 2011-2012 SCHOOL YEAR. THE FEEDBACK PROCESS, WHICH CAME AT THE REQUEST OF GOVERNOR BILL HASLAM, SOUGHT TO IDENTIFY WHAT IS WORKING WELL, GATHER INPUT ON CHALLENGES AND CONCERNS, AND PUT FORTH A RANGE OF RECOMMENDATIONS TO THE TENNESSEE DEPARTMENT OF EDUCATION AND STATE BOARD OF EDUCATION. THE MAJORITY OF SCORE'S RECOMMENDATIONS, WHICH REFLECTED MORE THAN 27,000 INPUTS FROM EDUCATORS AND OTHER PARTNERS, ARE NOW STATE POLICY AND HAVE HELPED MAKE TENNESSEE'S EVALUATION SYSTEM A MORE MEANINGFUL ONE FOR EDUCATORS.

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

SCORE PRIZE: THE SCORE PRIZE, WHICH HAS BEEN GIVEN ANNUALLY SINCE 2011, IS THE HALLMARK DATA-BASED EFFORT IN TENNESSEE TO RECOGNIZE SCHOOLS AND DISTRICTS THAT ARE DOING OUTSTANDING WORK TO IMPROVE STUDENT ACHIEVEMENT. ALL PUBLIC SCHOOLS AND DISTRICTS IN TENNESSEE ARE ELIGIBLE FOR THE SCORE PRIZE. WINNERS ARE CHOSEN IN A TWO-STEP PROCESS. THE FIRST STAGE IN THE PROCESS IDENTIFIES WINNERS THROUGH A WEIGHTED SELECTION CRITERIA PROCESS THAT TAKES INTO ACCOUNT TVAAS GROWTH AND TCAP PERFORMANCE, IN ADDITION TO COLLEGE-READINESS DATA, SUCH AS ACT AND COLLEGE-GOING RATES, FOR HIGH SCHOOLS AND DISTRICTS. THE SECOND PHASE OF THE SELECTION PROCESS CONSISTS OF A SERIES OF SITE VISITS TO DOCUMENT THE POLICIES AND PRACTICES THAT HAVE ENABLED SCHOOLS AND DISTRICTS TO MAKE SIGNIFICANT GAINS IN STUDENT ACHIEVEMENT. IN EARLY OCTOBER 2012, SCORE AWARDED THE SECOND ANNUAL SCORE PRIZE TO ONE ELEMENTARY, MIDDLE, AND HIGH SCHOOL, ALONG WITH ONE SCHOOL DISTRICTS IN TENNESSEE, THAT HAD MOST DRAMATICALLY IMPROVED STUDENT ACHIEVEMENT. THROUGHOUT THE YEAR, SCORE HAS SHARED VIDEO CLIPS FROM THE WINNERS; COLLABORATED WITH INDIVIDUALS FROM THE WINNING SCHOOLS AND DISTRICT TO SERVE AS EXPERTS FROM THE FIELD DURING COMMUNITY CONVERSATIONS AND

Name of the organization **TENNESSEE STATE COLLABORATIVE ON  
REFORMING EDUCATION**

Employer identification number  
**26-3670335**

**FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS**

PANELS; AND PRODUCED GUIDEBOOKS TO SHARE SUCCESSFUL STRATEGIES AS WELL AS A  
SELF-ASSESSMENT TOOL FOR OTHER SCHOOLS AND DISTRICTS IN THE STATE TO MONITOR THEIR  
PROGRESS.

**FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS**

THE BOARD OF DIRECTORS MADE TWO SIGNIFICANT CHANGES TO THE BY-LAWS THAT GOVERN THE  
BOARD OF DIRECTORS. THE FIRST ESTABLISHES THAT THE OFFICE OF THE DIRECTORS SHALL BE  
FOR THREE YEARS AND A DIRECTOR MAY SERVE FOR TWO CONSECUTIVE 3-YEAR TERMS. THIS  
CHANGE HAS NO EFFECT ON THE FOUNDING DIRECTOR. THE SECOND ESTABLISHED THE FOLLOWING  
COMMITTEES: EXECUTIVE, GOVERNANCE, FINANCE, AUDIT AND DEVELOPMENT.

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

THE CEO AND COO, ALONG WITH THE EXTERNAL ACCOUNTANT PERFORM THE INITIAL REVIEW OF  
THE FORM 990 PRIOR TO BEING REVIEWED BY THE CHAIRMAN OF THE AUDIT COMMITTEE. A DRAFT  
COPY IS SHARED WITH THE ENTIRE BOARD WITH A FINAL REVIEW BY THE CHAIRMAN OF THE  
BOARD.

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

SCORE HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH IS REVIEWED AND UPDATED, IF  
NECESSARY, ANNUALLY BY THE GOVERNANCE COMMITTEE. ADDITIONALLY, A DISCLOSURE  
STATEMENT ALONG WITH THE COPY OF THE CURRENT POLICY IS MAILED TO EACH BOARD MEMBER  
ANNUALLY FOR COMPLETION AND ACKNOWLEDGEMENT. ALL DISCLOSURE STATEMENTS ARE REVIEWED  
BY THE CEO AND CHAIRMAN OF THE BOARD TO DETERMINE IF FURTHER ACTION IS NEEDED.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT**

THE PROCESS FOR DETERMINING COMPENSATION INCLUDES: 1) A REVIEW AND APPROVAL BY THE  
BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF THE ORGANIZATION, 2) THE USE OF DATA  
REGARDING COMPARABLE COMPENSATION FOR OTHERS IN SIMILAR POSITIONS AND 3)  
CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING.

Name of the organization **TENNESSEE STATE COLLABORATIVE ON  
REFORMING EDUCATION**Employer identification number  
**26-3670335****FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

SAME AS ABOVE.

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

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

2012

## SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 5

TENNESSEE STATE COLLABORATIVE ON  
REFORMING EDUCATION

26-3670335

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

|                   | (A)<br>TOTAL       | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>& GENERAL | (D)<br>FUND-<br>RAISING |
|-------------------|--------------------|----------------------------|--------------------------------|-------------------------|
| CONTRACT SERVICES | 180,000.           | 180,000.                   |                                |                         |
| STAFFING FEE      | 13,160.            | 11,627.                    | 1,533.                         |                         |
| TOTAL             | <u>\$ 193,160.</u> | <u>\$ 191,627.</u>         | <u>\$ 1,533.</u>               | <u>\$ 0.</u>            |

2012

FEDERAL WORKSHEETS  
TENNESSEE STATE COLLABORATIVE ON  
REFORMING EDUCATION

PAGE 1

26-3670335

FORM 990, PART IX, LINE 24E  
OTHER EXPENSES

|                 | (A)<br>TOTAL | (B)<br>PROGRAM<br>SERVICES | (C)<br>MANAGEMENT<br>& GENERAL | (D)<br>FUNDRAISING |
|-----------------|--------------|----------------------------|--------------------------------|--------------------|
| ENAM            | 34,826.      | 34,826.                    |                                |                    |
| MEETINGS        | 41,340.      | 40,772.                    | 568.                           |                    |
| MISCELLANEOUS   | 4,403.       | 1,840.                     | 2,563.                         |                    |
| RURAL NETWORK   | 2,324.       | 2,324.                     |                                |                    |
| SCORE INSTITUTE | 1,693.       | 1,693.                     |                                |                    |
| TOTAL           | \$ 84,586.   | \$ 81,455.                 | \$ 3,131.                      | \$ 0.              |

EXCESS CONTRIBUTIONS  
SCHEDULE A, PART II, LINE 5