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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 private foundations)

OMB No 1545 0047 **2013**

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990. Open to Public A For the 2013 calendar year, or tax year beginning , 2013, and ending

В	Check if ap	plicable	C	D Employ	er Identification Number
	Addres	s change	TENNESSEE STATE COLLABORATIVE ON	26-3	3670335
	Name	change	REFORMING EDUCATION	E Telepho	
	Initial	-	1207 18TH AVENUE SOUTH #326	(61)	5) 727-1545
	Termin		NASHVILLE, TN 37212	(01)	3) 121 1343
	H			G Gross re	eceipts \$ 3,908,644.
	\vdash	ied return	F Name and address of principal officer	Is this a group return	
	Applica	ation pending	CAMILE MOODSON		□ '''
			SAME AS C ABOVE	Are all subordinates If 'No,' attach a list	(see instructions)
<u> </u>		npt status	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	_	. •
<u>1</u>	Websil			Group exemption nu	
K		organization		2009 M s	state of legal domicile TN
Pa		Summar			
		-			TENNESSEE HIGH
g			RADUATE IS READY FOR COLLEGE AND A CAREER AND TH		
Governance			IMPROVING STATE IN THE NATION IN TERMS OF KEY ST	NDFWI TOTHI	FARMENT
/er		JTCOMES	is I if the organization discontinued its operations or disposed of more the	nan 25% of its	not accete
Go			ting members of the governing body (Part VI, line 1a)	1011 25 70 01 113	3 15
જ			dependent voting members of the governing body (Part VI, line 1b)		4 15
ies			of individuals employed in calendar year 2013 (Part V, line 2a)		5 0
Activities &	6 To	tal number	of volunteers (estimate if necessary)		6 50
Ac			ed business revenue from Part VIII, column (C), line 12		7a 0.
	b Ne	t unrelated	business taxable income from Form 990-T, line 34		7 b 0.
				Prior Year	Current Year
o			and grants (Part VIII, line 1h)	1,602,4	81. 3,722,241.
Revenue		-	rice revenue (Part VIII, line 2g)		
ě			ncome (Part VIII, column (A), lines 3, 4, and 7d)	3,5	
ш			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		182,204.
	_		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,606,3	
			milar amounts paid (Part IX/ column (A) lines 1-3)	55,0	66,000.
			to or for members (Part IX, column (A)) line 4)		
S	15 Sa	laries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	990,6	1,180,133.
Expenses			fundraising es (Part IX, column (A), line 11e)		X . W E-7889 . M 4108
жbе				-3-14 74 A	
ш	17 Ot	her expens	es (Part IX, column A), Imes 11a 11d, 11f-24e)	874,8	
	18 To	tal expens	es Add lines 13-17 (must equal Part IX, column (A), line 25)	1,920,5	2,237,776.
_	19 Re	venue less	expenses Subtract line 18 from line 12	-314,1	
0 0			Ве	eginning of Curren	t Year End of Year
ssets Saland	20 To	tal assets	(Part X, line 16)	5,290,7	7,049,016.
Net Ass Fund Br	21 To	tal liabilitie	s (Part X, line 26)	2,704,9	2,792,313.
žΞ	22 Ne	t assets or	fund balances Subtract line 21 from line 20	2,585,8	4,256,703.
Pa	rt II	Signatur	e Block		
Unde	r penalties	of periury. I de	eclare that I have examined this return, including accompanying schedules and statements, and to the be	est of my knowledge	and belief, it is true, correct, and
comp	olete Decta	ration of prepa	rer (other than officer) is based on all information of which preparer has any knowledge	_	
		D	- Woodna		2014
Sig	ın	Sygnatu	re of officer	Date	
He	re	JAM	IE WOODSON C	EO	
		Type or	print name and title		
		Print/Type p	preparer's signature Date	Check	ıf PTIN
Pai	id	STEPHE	EN T. DOLAN Styp 5 / 7/28/19	self-employe	P00666397
Pre	parer	Firm's name	FRASIER, DEAN & HOWARD, PLLC	<u> </u>	
	ė Only	Firm's addre		Firm's EIN	62-1073578
			NASHVILLE, TN 37203	Phone no	(615) 383-6592
May	the IRS	discuss th	is return with the preparer shown above? (see instructions)	•	X Yes No
			eduction Act Notice, see the separate instructions. TEEA011	3L 11/08/13	Form 990 (2013) 4

Form 990 (2013) TENNESSEE STATE COLLABORATIVE ON	26-3	67033	35	į	age 2
Partill Statement of Program Service Accomplishments					<u></u>
Check if Schedule O contains a response or note to any line in this Part III.	•				X
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?	the prior	П	Yes	X	No
If 'Yes.' describe these new services on Schedule O			103	Δ	110
3 Did the organization cease conducting, or make significant changes in how it conducts, any progr	am services?	П	Yes	\mathbf{x}	No
If 'Yes,' describe these changes on Schedule O		Ш		4.1	
4 Describe the organization's program service accomplishments for each of its three largest program	m services, as r	neasure	ed by	exper	ises
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the am others, the total expenses, and revenue, if any, for each program service reported.	ount of grants ar	id alloca	itions :	to	
4a (Code:) (Expenses \$ 1,122,849. including grants of \$) (Revenue	\$)
SEE SCHEDULE O					
	. 				
4b (Code:) (Expenses \$672,185. including grants of \$) (Revenue	\$)
SEE_SCHEDULE_O					
	. 				
	-				
4c (Code) (Expenses \$ 305,154. including grants of \$) (Revenue	\$		-)
SCORE PRIZE: THE SCORE PRIZE, WHICH HAS BEEN GIVEN ANNUALLY S			OGN	TZES	—— ′
SCHOOLS AND DISTRICTS IN TENNESSEE THAT ARE ACHIEVING MORE DE					
THEY FACE, HIGHLIGHTS AND SHARES BEST PRACTICES, AND SHOWS OT	. <i></i>				
	OCTOBER :			ORE	
AWARDED THE THIRD ANNUAL SCORE PRIZE TO ONE ELEMENTARY, MIDDI	LE, AND HI	GH_SC	HOO	L,	
ALONG WITH ONE DISTRICT IN TENNESSEE THAT HAVE MADE SIGNIFICA	NT PROGRE	SS IN	IM	PROV	ING
STUDENT ACHIEVEMENT. THROUGHOUT THE YEAR, SCORE HAS SHARED VI	DEO CLIPS	FROM	I TH	E	
WINNERS; COLLABORATED WITH INDIVIDUALS FROM THE WINNING SCHOOL	DLS AND DI	STRIC	T_T(O SE	RVE
AS EXPERTS FROM THE FIELD DURING COMMUNITY CONVERSATIONS AND					
GUIDEBOOKS TO SHARE SUCCESSFUL STRATEGIES AS WELL AS A SELF-A	ASSESSMENT	<u>FOR</u>	OTH	ER	
SCHOOLS IN THE STATE TO MONITOR THEIR PROGRESS.					
4d Other program services (Describe in Schedule O.)					
(Expenses \$ including grants of \$) (Revenue)	ıe \$)	
4e Total program service expenses ► 2,100,188.	· · · · · · · · · · · · · · · · · · ·			•	
BAA TEEA0102L 07/02/13			Forn	n 990	(2013)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		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	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	an en en en	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, 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	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 Ь		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	V	Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	11 e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.	11 f	X	<u>-</u>
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
ı	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.	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .	13		X
14 8	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	_	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ŧ	of If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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Part V Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or X 21 government on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and Х 24a complete Schedule K If 'No,'go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Schedule L. Part I . Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28h Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV. 28c X X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M X 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N. Part II 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, 34 X and V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 236 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.

Form 990 (2013) BAA

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

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Form 990 (2013) TENNESSEE STATE COLLABORATIVE ON Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

Check in Concedure Contention a response of free to any line in this fact.			 _
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	29	Yes	No
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		Ĭ
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		lc X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		T A	
ments, filed for the calendar year ending with or within the year covered by this return 2 a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	0	2 1	4
	-	2 b	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q		3 b	+-
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	F	-	+
financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4 a	Х
b If 'Yes,' enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
			X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 b 5 c	┼^
· · · · · · · · · · · · · · · · · · ·		3.5	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	_ (5 a	х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	,	6 b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7	7 a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7	7 b	\vdash
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7 c	х
d If 'Yes,' indicate the number of Forms 8282 filed during the year		سمح	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e	Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7	7 f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 q	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7 h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
holdings at any time during the year?	3	3 	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	<u> </u>	9 a 9 b	┼
b Did the organization make a distribution to a donor, donor advisor, or related person?		<i>7</i> D	
10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11 Section 501(c)(12) organizations. Enter			.
a Gross income from members or shareholders			d d
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1,	2 a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a is the organization licensed to issue qualified health plans in more than one state?	7:	3 a	4
Note. See the instructions for additional information the organization must report on Schedule O.		تحرية	
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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14	4 a	Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14	4 b	
BAA TEEA0105L 07/02/13	Fo	rm 990	(2013

Form 990 (2013)

Pair VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1 h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents SEE SCH O since the prior Form 990 was filed? 4 X 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X Did the organization have members or stockholders? . 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members. 7 b Х stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8 a a The governing body? X 8 b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes Nο X 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12 b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE O 12 c X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy?. 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . SEE SCHEDULE . O 15 a **b** Other officers of key employees of the organization SEE SCHEDULE. O. Х 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ TN NY 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. |X| Upon request Other (explain in Schedule O) Another's website Own website 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 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

TEEA0106L 07/02/13

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

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

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

- 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 rela	ted or	ganız	zatio	n co	ompen	sate	d any current officer, di	rector, or trustee	
				(0	;)					
(A) Name and Title	(B) Average hours per	offic	er an	o not less p d a d	chec perso lirecto	k more ton is bot or/truste	e)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DR. WILLIAM H. FRIST	1									
CHAIRMAN	0	Х		Х		}		0.	0.	0.
(2) JAMES W. AYERS	11									
DIRECTOR	0	Х				}		0.	0.	0.
(3) CHARLES W. CAGLE	1									<u> </u>
LEGAL COUNSEL	0	Х		Х				0.	0.	0.
(4) KEVIN T. CLAYTON	1									
DIRECTOR	70-	Х						0.	0.	0.
(5) JANET AYERS	1									
SECRETARY	70-	Х		Х				0.	0.	0.
(6) VICKY GREGG	1									
DIRECTOR	7-0-	x						0.	0.	0.
(7) ZAN GUERRY	1									
DIRECTOR	0	х						0.	0.	0.
(8) BILL GRACEY	1									
DIRECTOR	7	х						0.	0.	0.
(9) J.R. HYDE III	1									
DIRECTOR	7-0-	х						0.	0.	0.
(10) ORRIN H. INGRAM II	1					-				
DIRECTOR		х						0.	0.	0.
(11) DR. THOM MASON	1									
DIRECTOR	0	х						0.	0.	0.
(12) GREGG F. MORTON	1							5.		
DIRECTOR	0	х						o.l	0.	0.
(13) SCOTT NISWONGER	1	 -		- +						
VICE CHAIRMAN		x		х				0.	0.	0.
(14) JAMES J. POWELL	1_1_									
DIRECTOR		x						0.	0.	0.
2110101		<u> </u>			ــــــــــــــــــــــــــــــــــــــ	LL			<u> </u>	<u>-</u> -

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Part VII Section A. Officers, Directors, Trus	stees, I	Key	Em	ıplo	oye	es,	and	d Highest Com	pensated Emp	oloyees (continued)
	(B)			(0	()					
(A) Name and title	Average hours per	box	, unle	ess pe	erson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any	<u> </u>					,	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	for	Individual trustee or director	nstitutional trustee	Officer	Key employee	ploy	Former			organization and related
	for related organiza - tions	ctor to	2		ploy	e con				organizations
	below	uste	इ		8	pen				
	line)	ő	ह			Highest compensated employee				
(II) DEE HACLAN			\vdash				\vdash			
DIRECTOR	$-\frac{1}{0}$	х						0.	0.	0.
(16) GREG NELSON	1	^					\vdash	Ü.,		<u> </u>
DIRECTOR	1- -	X						0.	0.	0.
(17) CHRISTINE RICHARDS	1									
DIRECTOR	7 0	Х						0.	0.	0.
(18) JAMIE WOODSON	_ 50_									
PRESIDENT & CEO	0			X			L	301,078.	0,	28,078.
(19) SHARON ROBERTS	45									6 750
C00	0	-		X	ļ	 	⊢	167,126.	0.	6,750.
(20)	 	1								
(21)	 	_	\vdash			-	╁			_
	┨- <i>-</i>	1								
(22)										
	ļ	_			<u> </u>		ļ			
(23)		ł								
(24)					 					-
<u></u>	1	1			}					
(25)	İ									
					<u> </u>	ļ	Ļ_	,		
1 b Sub-total	_	•						468,204.	0.	34,828.
c Total from continuation sheets to Part VII, Section	1 A				• • •	•	•	0.	0.	34,828.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to	· those li		ahov		··	recei	ved	468,204.		
from the organization > 2	J (1103C II	Sicu	abo	vc, v	W110	ICCCI	vcu	more than \$100,00	o or reportable com	perioditori
The trib organization 2										Yes No
3 Did the organization list any former officer, director	r. or tru	stee.	kev	/ em	olar	vee.	or h	nahest compensat	ted employee	
on line 1a? If 'Yes,' complete Schedule J for such	individu	al	,			•				3 X
4 For any individual listed on line 1a, is the sum of r	eportabl	le co	mpe	ensa	tion	and	oth	er compensation	from	
the organization and related organizations greater such individual	tnan \$1	50,0	007	IT Y	res	сот	piet	e Screaule J for		4 X
5 Did any person listed on line 1a receive or accrue	compen	satio	n fr	om :	any	unre	elate	ed organization or	ındıvıdual	222 250 543
for services rendered to the organization? If 'Yes,'	comple	te So	chea	lule	J fo	r suc	ch p	erson .		5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensations.	ated inde	epen	dent	t cor	ntra	ctors	tha	at received more the	han \$100,000 of	
compensation from the organization. Report compensation	ation for	the c	alen	dar y	year	endi	ng v	vith or within the or	ganization's tax yea	
(A) Name and business addre	ss							(B) Description ((C) Compensation
Traine and business date										<u>'</u>
2 Total number of independent contractors (including bu		ted to	o the	se l	ısted	l abo	ve)	who received more	than 🚉	
\$100,000 of compensation from the organization		TEEAC							<u> </u>	Form 990 (2013)

Pa	t V	III Statement of Rev	venue						
		Check if Schedule O	contains	a resp	onse or note to an	y line in this Part V	<u> </u>		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
5 S	1 a	Federated campaigns		1 a					
A PA	t	Membership dues		1 b					1
S, G	c	: Fundraising events	[1 c					
A SFT	C	Related organizations	- 1	1 d					
SIS.	e	Government grants (contribution	ons)	1 e					
등표	f	All other contributions, gifts, o	grants, and	_					
8 5	_	similar amounts not included	L.	1f	3,722,241.				1
A S	<u>9</u>	Noncash contributions included Total. Add lines 1a-1f	1 III IIIIes 1a-	1f \$_		2 722 241			
늘		Total. Add lines 1a-11			Business Code	3,722,241.			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	2 a	1						·	
æ	b								-
/ICE	c	; 					-		
SER	d								
AM	е						·		
OGR	f	All other program service	ce revenu	e [ļ <u> </u>
<u>R</u>		Total. Add lines 2a-2f	 		<u>-</u>				<u> </u>
	3	Investment income (incother similar amounts)	luding div	idends	, interest and	4,199.			4,199.
	4	•	nvestment of tax-exempt bond proceeds.			4,100.			4,100.
	5	Royalties			`. ►				
		(i) Real		al	(II) Personal				
	6 a	Gross rents							
		Less: rental expenses							}
		Rental income or (loss) .			J				
	d Net rental income or (loss)						·		
	7 a	Gross amount from sales of assets other than inventory.	(i) Secui	ities	(II) Other				1
	_	_			 				
	b	Less: cost or other basis and sales expenses							
	c	: Gain or (loss)			†				
	d	Net gain or (loss)	•		. ►				
ш	8 a	Gross income from fund	draising ev	vents					
		(not including . \$.						
뗥		of contributions reported	a on line	-					
OTHER REVENUE	L	See Part IV, line 18 Less: direct expenses		a H				•	1
등		: Net income or (loss) fro	om fundrai	_	`L				
		Gross income from gam See Part IV, line 19		-					
		Less. direct expenses		t					,
		Net income or (loss) fro	m gamıng	activi	ties				
	10 a	Gross sales of inventory and allowances	v. less ret	urns					
				а	·				1
l		Less cost of goods sold		b	`L				
	С	Net income or (loss) fro		f inve					
	11 ^	Miscellaneous Revenu			Business Code	102 204	102 204		
	ııa b	FISCAL AGENT FI	rr5	 	900099	182,204.	182,204.	<u> </u>	
	C								 -
	d	All other revenue							
	е	Total. Add lines 11a-11d	d	_	>	182,204.			
	12	Total revenue. See inst	ructions		•	3,908,644.	182,204.	0.	4,199.

Part X Statement of Functional Expenses

1000

Sec	Check if Schedule O contains a r			implete column (A)	X
	Check if Schedule O contains a		(B)	(C)	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See				
	Part IV, line 21	66,000.	66,000.		
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	509,087.	474,236.	34,851.	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	599,303.	558,276.	41,027.	<u> </u>
	Pension plan accruals and contributions	399,303.	330,276.	41,027.	
8	(include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes.	71,743.	66,832.	4,911.	
11	Fees for services (non-employees)				
ā	Management.				
ŧ	Legal				
ď	: Accounting .				
c	Lobbying				
•	Professional fundraising services. See Part IV, line 17.				
	Investment management fees				
	Other. (If line 11g amt exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)SCH Q	246,891.	241,280.	5,611.	· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion .				
13	Office expenses	32,001.	1,716.	30,285.	
14	Information technology .	114,731.	114,731.		
15	Royalties				
16	Occupancy	48,043.	38,434.	9,609.	
17	Travel	40,105.	40,105.		
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	4,053.		4,053.	 -
23	Insurance	2,248.		2,248.	
24	Other expenses Itemize expenses not				
	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10%		ļ	f ·	
	of line 25, column (A) amount, list line 24e				
	expenses on Schedule O.)				
	LEADERSHIP	130,059.	130,059.		
	PRINTING AND PUBLICATIONS	102,679.	102,679.		
C	ONLINE ADVOCACY	76,100.	76,100.		
	EMAM	54,434.	54,434.		···
е	All other expenses	140,299.	135,306.	4,993.	
25	Total functional expenses Add lines 1 through 24e	2,237,776.	2,100,188.	137,588.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Partix Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 3,093,123 3,318,207. Savings and temporary cash investments 1,639,402 2 1,641,594. 3 Pledges and grants receivable, net 550,000. 3 2,081,241. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L $\,$ 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 18,683 8,237. b Less: accumulated depreciation 10b 10,709 10 c 11 Investments — publicly traded securities Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets . 14 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,290,762 7,049,016 17 Accounts payable and accrued expenses 59,912 17 48,780 Grants payable 18 18 Deferred revenue 19 19 20 20 Tax-exempt bond liabilities. 21 21 Escrow or custodial account liability Complete Part IV of Schedule D... 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 23 Secured mortgages and notes payable to unrelated third parties. . 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 2,645,015 2,743,533 26 26 Total liabilities. Add lines 17 through 25 2,704,927. 2,792,313. Organizations that follow SFAS 117 (ASC 958), check here > |X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 2,008,851. 1,985,835 28 28 Temporarily restricted net assets 600,000. 2,247,852. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances. 2,585,835 33 4,256,703. 34 Total liabilities and net assets/fund balances 5,290,762 7,049,016. BAA Form 990 (2013)

Orr	n 990 (2013) TENNESSEE STATE COLLABORATIVE ON	<u>26-3670335</u>		Page 12
Ŗá	txli Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI		-	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,908	,644.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,237	<u>,776.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1,670	<u>,868.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,585	<u>,835.</u>
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	4,256	<u>,703.</u>
Pā	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Ye	s No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant? .		2 a	<u> </u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both:	viewed on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
	were the organization's financial statements audited by an independent accountant?		2b 2	κ l
·	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	eparate		
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c 2	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	•••	3 a	X
1	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b	
BAA			Form 99	0 (2013)

BAA

SCHEDULE A (Form 990 or 990-EZ)

: . .

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

TENNESSEE STATE COLLABORATIVE ON REFORMING EDUCATION

Employer identification number 26-3670335

Rar	<u>u. </u>	Reason for Pub	lic Charity Status	(All organizations	must o	comple	ete this	part.)	See i	<u>nstruct</u>	ions		
The c	rga	nization is not a priva	ate foundation becaus	e it is (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1	П	A church, convention	n of churches or asso	ciation of churches desi	cribed in	section	n 170(b)	(1)(A)(i)					
2	П	A school described i	n section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ)								
3	П	A hospital or a coop-	erative hospital servic	e organization describe	ed in sec	tion 17	0(b)(1)(A	\)(iii).					
4	П	A medical research	organization operated	in conjunction with a h	iospital (describe	d in se d	tion 17	0(b)(1)(A	A)(iii) Er	nter the hos	pital's	
		name, city, and state	e·										
5		An organization opera 170(b)(1)(A)(iv). (Co	ited for the benefit of a implete Part II)	college or university own	ed or op	erated by	y a gove	rnmenta	l unit de:	scribed in	section		
6	П			overnmental unit descri									
7	X	An organization that n in section 170(b)(1)(iormally receives a subs A)(vi). (Complete Pai	stantial part of its suppor rt II.)	t from a	governm	iental uni	it or fron	n the ger	neral pub	lic described	i	
8		A community trust d	escribed in section 1 7	70(b)(1)(A)(vi). (Comple	te Part I	l.)							
9		from activities related investment income a	to its exempt functions	ore than 33-1/3% of its s – subject to certain excestainexcestaxable income (lessimplete Part III.)	eptions, a	and (2) r	no more t	han 33-	1/3% of	ıts suppo	rt from gros	S	fter
10	\Box	An organization orga	anized and operated e	exclusively to test for pu	ıblıc safe	ety. See	section	1 509(a)	(4).				
11		more publicly suppor	rted organizations des	usively for the benefit of, scribed in section 509(a tion and complete lines	(1) or s	ection 5	509(a)(2	of, or car) See s	rry out th section !	ne purpos 5 09(a)(3)	ses of one or . Check the	box t	hat
		a Type I b	Type II c	Type III - Function	nally inte	grated	(1 🗌 1	Гуре III	– Non-fu	unctionally	ıntegra	ated
е		By checking this box other than foundation section 509(a)(2).	, I certify that the org managers and other that	anization is not controll an one or more publicly s	led directupportec	tly or in organiz	directly ations de	by one escribed	or more in section	disquali on 509(a)	ified persor (1) or	IS	
f		` ' ' '	eived a written determii 	nation from the IRS that i	s a Type	I, Type	II or Typ	e III sup	porting o	organızatı	on,		
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	7		
_											1	Yes	No
		(i) A person who obelow, the gove	directly or indirectly co erning body of the sup	ontrols, either alone or opported organization?	together	with pe	ersons d	escribe	d ın (ıı)	and (III)	11 g (i)		
		(ii) A family memb	er of a person descri	bed in (i) above?				•		•	11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?.						11 g (iii)		
h				e supported organization									
		(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or (RC section (see instructions))	organiz column (i your go	s the ation in) listed in verning nent?	(v) Did yo the organ column (i supp	zation in i) of your	organız colur	s the cation in mn (i) ed in the S ?	(vii) Amount sup	of mone	etary
					Yes	No	Yes	No	Yes	No			
(A)													
					 								
(B)													
(C)_													
(D)													
				1									•
<u>(E)</u> _						سموو		سندي		2000			
 Total													

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

Schedule A (Form 990 or 990-EZ) 2013

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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 I f the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support										
beg	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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.	3,722,241.	10,741,830.			
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	Total. Add lines 1 through 3	50,000.	2,988,909.	2,378,199.	1,602,481.	3,722,241.	10,741,830.			
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)						3,101,613.			
6	Public support. Subtract line 5 from line 4						7,640,217.			
Sec	tion B. Total Support									
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4	50,000.	2,988,909.	2,378,199.	1,602,481.	3,722,241.	10,741,830.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.		5,231.	7,757.	3,567.	4,199.	20,754.			
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.	182,204.	182,504.			
11	Total support. Add lines 7 through 10						10,945,088.			
12	Gross receipts from related activ	rities, etc (see ins	tructions)			. 12	0.			
13	First five years. If the Form 990 is organization, check this box and		n's first, second, th	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	► X			
	tion C. Computation of Pu									
	Public support percentage for 20	•	• •	ne 11, column (f))		14	<u>%</u>			
	Public support percentage from					15	<u>%</u>			
16 a	33-1/3% support test — 2013. If and stop here. The organization	the organization qualifies as a pul	did not check the blicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more,	check this box			
ŀ	33-1/3% support test — 2012. If to and stop here. The organization	the organization d qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 organization	ia, and line 15 is	33-1/3% or more,	check this box			
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	r e. Explain in Parl	IV how			
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organi	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he r a publicly support	r e. Explain in Parl ed organization	IV how the			
10							20 or 990 EZ) 2013			
~ ^ ^					C A	SOCIULA A (LArm ()(ALOR WULLE /1 3/112			

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)

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants ').						
2	Gross receipts from admis-						
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
(Add lines 7a and 7b.						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6 .						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.					10.	
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	: Add lines 10a and 10b .						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		:				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total Support. (Add Ins 9,10c, 11 and 12)				-		
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501	(c)(3)
	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20	• •	• • •	ne 13, column (f))		1	15 %
	Public support percentage from 3			<u> </u>		1	8
Sec	tion D. Computation of Inv						
17	Investment income percentage for	•	• • •	•	mn (f))	<u></u>	7 %
18	Investment income percentage for					L	8 %
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check	this box and stop	o here. The organ	ization qualifies a	is a publicly supp	orted organiza	ition 🟲 📗
b	33-1/3% support tests - 2012. If Ine 18 is not more than 33-1/3%	the organization, check this box a	did not check a b and stop here. Th	ox on line 14 or li e organization qui	ne 19a, and line alifies as a public	16 is more tha ly supported o	n 33-1/3%, and rganization ►
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, cl	heck this box and	see instructio	ns • 🗍

Schedule A (Form 990 or 990-EZ) 2013	ENNESSEE STATE	COLLABORATIVE ON	26-3670335	Page 4
Partiv Supplemental Informatio or 17b; and Part III, line 1 (See instructions).	n. Provide the expl 2. Also complete the	anations required by Pa iis part for any additiona	rt II, line 10; Part II, line 17a al information.	
ADDITIONAL EXPLANATION C	F OTHER INCOME			
SCORE_SUPPORTS_THE_WORK_	OF KEY PARTNERS	_THROUGH_GRANT_FAC	I <u>LITATION AS PROJECTS A</u> I	LIGN _
WITH SCORE'S THEORY OF C	<u>HANGE AND STRAT</u>	EGIC_PRIORITIESI	N_ORDER_TO_EFFECTIVELY_	
FACILITATE_GRANTS,_SCORE	<u>EARNS A FISCAL</u>	AGENT FEE FOR THE	ADMINISTRATIVE FUNCTION	<u> </u>
OF_ADMINISTERING_GRANTS_	INCLUDING BUT	NOT_LIMITED_TO_REV	IEWING CONTRACTS WITH	
VENDORS: ADMINISTERING_A	COMPETITIVE BI	DDING PROCESS TO S	ELECT_VENDORS_ON_BEHALF	<u>OF</u> .
KEY_PARTNERS; PROCESSING	PAYMENTS FROM	GRANT ACCOUNTS: SU	PPORTING THE GRANT	
REPORTING PROCESS THROUG	H THE LIFE OF T	HE GRANT: AND VETT	ING AND SELECTING	
CONSULTANTS_FOR_PROJECTS	ON BEHALF OF K	EY PARTNERS, AS NE	EDED. SCORE'S BOARD OF	
DIRECTORS HAS SET A_RANG	<u>E OF BETWEEN TW</u>	O TO TEN PERCENT A	S THE FEE SCORE MAY ASSE	ESS
FOR_THIS WORK DEPENDING_	ON_THE_COMPLEXI	TY AND DURATION OF	THE GRANT MANAGEMENT _	
PROCESS. THE FISCAL AGEN	T FEE IS DETERM	INED_PRIOR TO FACE	LITATING THE GRANT AND D	<u>[</u> S
TYPICALLY A PERCENTAGE O	F THE ENTIRE GR	ANT. THE FEE IS CO	LLECTED BY SCORE ON A	
QUARTERLY_BASIS_AND_IS_B	ASED ON THE PER	CENTAGE OF THE GRA	NT_SPENT_WITHIN_THAT	
QUARTER	. - - 			_ _
	. 			
	·			

SGHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

මුලා (ම දිග්වීලි ගම්පෙලක්

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 35c (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III			
Name	of organization			Employer identifica	ation number
TEI	NNESSEE STATE COLLA	BORATIVE ON		26-367033	5
Pa	祝hA Complete if the o	rganization is exempt under section	on 501(c) or is a	section 527 organiz	zation.
1	Provide a description of the	organization's direct and indirect political o	campaign activities in	Part IV.	
2	Political expenditures	•		. \$	>
		<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u>.</u>
Pa	記事 Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	0.
2	Enter the amount of any exc	ise 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
4 a	Was a correction made?				Yes No
ŀ	of If 'Yes,' describe in Part IV				
Pa	RIE Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	on activities. > \$	
2		organization's funds contributed to other organ		7 exempt ►\$	
3		ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	► \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	organization made payments	and employer identification number (EIN). For each organization listed, enter the ais received that were promptly and directly del action committee (PAC). If additional span	mount paid from the i	filing organization's fund hitical organization, such	ds Also enter the as a separate
	(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)					

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

Schedule C (Form 990 or 990-EZ) 2013

		TITLE COMMIDORATIE		20 3070	
Partill-A Complete if section 501(the organization (h)).	ı is exempt under se	ction 501(c)(3) and	d filed Form 5768 (el	ection under
A Check ► ☐ if the filin	ng organization belong	is to an affiliated group (and	list in Part IV each affili	ated group member's name	-
		d share of excess lobbying			
B Check ► ☐ if the fill	ng organization che	cked box A and 'limited co	ntrol' provisions apply		
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence pu	blic opinion (grass roots lo	bbying)		
b Total lobbying expendit	ures to influence a l	egislative body (direct lobb	oying)		
c Total lobbying expendit		nd 1b)		0.	<u> </u>
d Other exempt purpose	·			2,100,188.	
e Total exempt purpose e	expenditures (add lir	nes 1c and 1d)		2,100,188.	0.
f Lobbying nontaxable an both columns	nount. Enter the am	ount from the following tal	· · · · · · · · · · · · · · · · · · ·	255,009.	
If the amount on line 1e, col	umn (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		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000 g Grassroots nontaxable a		\$1,000,000.	<u> </u>	62.752	
h Subtract line 1g from lir	•	· · · · · · · · · · · · · · · · · · ·		63,752.	<u> </u>
i Subtract line 1f from lin		•		0.	0.
	er than zero on either	line 1h or line 1i, did the org	janization file Form 4720		☐Yes ☐No
Section 4511 tax for this	·		·		
(Som	e organizations tha	4-Year Averaging Period \ t made a section 501(h) el s below. See the instructi	ection do not have to		
	Lobb	ying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount	190,08	6. 198,610.	238,649.	255,009.	882,354.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,323,531.
c Total lobbying expenditures .	10,48	0. 2,349.			12,829.
d Grassroots nontaxable amount	47,52	2. 49,653.	59,662.	63,752.	220,589.
e Grassroots ceiling amount (150% of line 2d, column (e)).					330,884.
f Grassroots lobbying expenditures					0.
BAA				Schedule C (Form	990 or 990-EZ) 2013

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

(election under section 501(h)).					
For each West response to less to the supplication of the supplica	(a	9)	(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Am	ount	
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: Alchimteers?					
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?	<u> </u>				
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			,		
2 a 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? .					
Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).	1(c)(5)	, or			
				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		1
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.'	1(c)(5) Part II	, or s I-A, li	ection 50 ine 3, is	01(c)	
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			
Partily Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group Part II-B, line 1. Also, complete this part for any additional information.	oup list),	Part I	I-A, line 2,	and	
	— — ·		- 		

SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name	of the organization				Employer	ueridiicadon	numbei	
RE	NNESSEE STATE COLLABORATIVE ON FORMING EDUCATION				26-367	0335		
Pai	Organizations Maintaining Dono Complete if the organization ans	or Advised Funds or Ot wered 'Yes' to Form 990	her Similar Fur D, Part IV, Ime	nds or Aco	ounts.			
	· <u> </u>	(a) Donor advised	d funds	(b) F	unds and	other acco	ounts	
1	Total number at end of year .	(4) 201101 4011300		(-).				
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 dor are the organization's property, subject to the	organization's exclusive lega	al control?			Yes		No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in wri t of the donor or donor adviso	ting that grant func or, or for any other	is can be us purpose cor	ed only nferring [Yes		No
Ŗãi	Conservation Easements. Complete if the organization ansi	wered 'Yes' to Form 990	0, Part IV, line	7.				
1	Purpose(s) of conservation easements held by	y the organization (check all	that apply)					
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation o	f an historic	ally import	ant land a	area	
	Protection of natural habitat		Preservation o	f a certified	historic sti	ructure		
	Preservation of open space		ليسيا					
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation co	ntribution in the form	n of a conser	vation ease	ement on th	ne	
				· · · · · · · · · · · · · · · · · · ·	leld at the	End of th	e Tax	Year
;	a Total number of conservation easements .			2 a				
	b Total acreage restricted by conservation ease	ments		2 b				
(Number of conservation easements on a certification	fied historic structure include	d ın (a)	2 c				
•	d Number of conservation easements included i structure listed in the National Register	n (c) acquired after 8/17/06, a	and not on a histor	1C 2d				
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished	, or terminated by th	ne organizatio	n during th	e		
4	Number of states where property subject to conse	rvation easement is located >		_				
5	Does the organization have a written policy re and enforcement of the conservation easemer		ng, inspection, har	ndling of viol	ations,	Yes	П	No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conse	ervation easements of	during the yea	ar	_		
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservati	on easements durin	g the year				
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?		equirements of sec	ction 170(h)(^{(4)(B)(i)} [Yes		No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.							ı for
Pāi	Complete if the organization answers	ctions of Art, Historica wered 'Yes' to Form 990	l Treasures, or D, Part IV, line	Other Sin 8.	nilar Ass	ets.		
1:	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, educati	on, or research in fu					s of
i	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items							art,
	(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, hamounts required to be reported under SFAS	nistorical treasures, or other sim 116 (ASC 958) relating to the	nilar assets for financese items	cial gain, pro	vide the fol	lowing	·	
•	a Revenues included in Form 990, Part VIII, line	:1			►\$			
	Assets included in Form 990, Part X.				► \$			
=-	For Denousely Deduction Act Notice con the	1 1 1' · · (· E 000			6.1.1	ulo D /Eo	00/	2012

Schedule D (Form 990) 2013 TENN						26-367			Page Z
Partill Organizations Mainta	ining Colle	ction	s of Art, Histo	orica	l Treasures, o	r Other Similar Ass	ets (c	ontınu	ıed)
3 Using the organization's acquisition items (check all that apply)	n, accession, ai	nd othe	r records, check a	ny of t	the following that a	ire a significant use of its	collectio	n	
a Public exhibition			d Loan	or exc	change programs				
b Scholarly research			e 🗌 Other						
c Preservation for future gener	rations								
Provide a description of the organize Part XIII	zation's collecti	ons and	d explain how they	y furthe	er the organization	's exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather t	han to be mai	ntained	d as part of the o	organi	zation's collectior	اء ا	Yes		No
Partiv Escrow and Custodia line 9, or reported an	amount on	rents. Form	Complete if 1 990, Part X,	the o line	rganization ar 21.	swered 'Yes' to For	m 990), Part 	ίΙ V ,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	n, or o	ther intermediary	for c	ontributions or ot	her assets not included	Yes	[No
b If 'Yes,' explain the arrangement	t in Part XIII a	nd con	nplete the follow	ıng tat	ole.				
						-	Amount	<u>t </u>	
c Beginning balance .		٠	•			1 c			
d Additions during the year						1 d			
 Distributions during the year 			• •			1 e			
f Ending balance						1f			
2 a Did the organization include an a	amount on For	m 990	, Part X, line 217	7			Yes	L	No
b If 'Yes,' explain the arrangement	t in Part XIII. (Check I	here if the explai	ntion f	nas been provide	d in Part XIII		. []
L. The S. V. III			<u> </u>						
Part V Endowment Funds. C			1						
	(a) Current	year	(b) Prior yea	ır	(c) Two years bac	k (d) Three years back	(e) F	Four year:	s back
1 a Beginning of year balance.			ļ <u> </u>				+		
b Contributions			<u> </u>				╀		
c Net investment earnings, gains, and losses				_					
d Grants or scholarships				_			<u> </u>		
e Other expenditures for facilities and programs									
f Administrative expenses .									
g End of year balance .									
2 Provide the estimated percentag	e of the curre	nt year	end balance (lir	ne 1g,	column (a)) held	as.			
a Board designated or quasi-endowm	nent ►		%						
b Permanent endowment ►	8		- 						
c Temporarily restricted endowmer	nt ►		%						
The percentages in lines 2a, 2b,		-							
3 a Are there endowment funds not in to organization by	the possession	of the	organization that a	are hel	d and administered	d for the	Г	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(ıı), are the related of	organizations	listed a	as required on So	chedul	le R?		3b		
4 Describe in Part XIII the intended	_								
Part VI Land, Buildings, and									
Complete if the organ			'Yes' to Forn	n 990), Part IV, line	11a. See Form 990), Part	X, lır	ne 10.
Description of property		(a) Cos	t or other basis nvestment)	(b)) Cost or other casis (other)	(c) Accumulated depreciation	(d) E	Book va	alue
1 a Land .	•								
b Buildings									
c Leasehold improvements	. [
d Equipment	.				17,334.	9,592.		7	,742.
e Other	İ				1,349.	1,117.			232.
Total. Add lines 1a through 1e (Colum	nn (d) must ed	jual Fo	rm 990, Part X,	colum				7.	,974.

BAA

Schedule D (Form 990) 2013

RartaVIII Investments – Other Securities.	'Vac' to Form 000	N/A	100 Part V June 12
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	
(1) Financial derivatives	(D) DOOK Value	(C) Method of Valuation, cost of end-t	JI-year marker value
(1) Financial derivatives . (2) Closely-held equity interests		 	
(2) Closely-neid equity interests (3) Other		 	
		 	
(A)		 	
(B)		 	
(C)			
(D) (E)			
(E) (F)			
(F) (G)			
(H)			
(i)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments — Program Related.		N/A	
Complete if the organization answered	'Yes' to Form 990), Part IV, line 11c. See Form 9	90, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end	
(1)			
(2)			
(3)			
(4)			
(5)			+ <u></u>
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	N/A		
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11d. See Form 9	90, Part X, line 15.
	cription		(b) Book value
(1)			
(2)			-
(3)			
(5)			ļ
(6)			
(7)			
(8)	 		-
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B)), line 15.)	_	<u> </u>
Pard X Other Liabilities.			
Complete if the organization answered 'Yes' to For (a) Description of liability	rm 990, Part IV, line 11 (b) Book value		
(1) Federal income taxes	(D) BOOK value		
(2) FUNDS HELD UNDER AGENCY AGREEMENTS	2,743,53	23	
(3)	2//13/33	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
(4)			
(5)		\$ \frac{1}{2} \cdot \frac{1}{2	
(6)			
(7)			
(8)			
191		A Company of the Comp	

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

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

X

(10) (11)

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	eturn.	
1 Total revenue, gains, and other support per audited financial statements	1	3,908,644.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		· · · · · · · · · · · · · · · · · · ·
a Net unrealized gains on investments . 2 a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII) . 2d		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	3,908,644.
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		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,908,644.
Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	Return	1.
1 Total expenses and losses per audited financial statements	1	2,237,776.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	2,237,776.
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		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	0 007 776
Part XIII Supplemental Information.	1 3 1	2,237,776.
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Par 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	t V, additior	nal information
PART X - FIN 48 FOOTNOTE		
SCORE HAS QUALIFIED FOR TAX EXEMPT STATUS UNDER SECTION 501 (C) (3) OF	THE J	NTERNAL
REVENUE CODE AND IS NOT A PRIVATE FOUNDATION.		
-	- 	
SCORE FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDAR	NDS_CC	DIFICATION
("FASB ASC") GUIDANCE RELATED TO UNCERTAIN TAX PROVISIONS. THE GUIDANCE	CLARI	FIES THE
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZAT	rion's	S_FINANCIAL
STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD	THAT	A TAX
		e D (Form 990) 2013

SCHEDULE 1 (Form 990)

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

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

OMB No 1545-0047

201

Department of the Treasury Internal Revenue Service Name of the organization . Batti General Information on Grants and Assistance

TENNESSEE STATE COLLABORATIVE

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Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 26-3670335

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

. . X Yes SEE PART IV

% □

Pariting 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.

(2) EQUINGTON, HIGH SCHOOL - 803 SOUTH COLLEGE STREET - 804 SOUTH COLLEGE STREET - 805 SOUTH COLLEGE STREET - 805 SOUTH COLLEGE STREET - 806 SOUTH COLLEGE STREET - 806 SOUTH COLLEGE STREET - 806 SOUTH COLLEGE STREET - 806 SOUTH COLLEGE STREET - 807 SOUTH COLLEGE STREET - 808 SOUTH COLLEGE STREET -	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
### P. BROWN ELEMENTARY		62~6000870		11,000.	0			AWARD
NORNAN SMITH ELEMENTARY 140 GREENWOOD AVE		62-6000554	ł .	11,000.	0.0			AWARD
TROUSDALE COUNTY SCHOOLS	1 1	62-0714744	I	11,000.	0			AWARD
Continued to the continued of the line 1 table	106_LOCK_SIX_ROAD HARTSVILLE, TN 37074	62-6000877		26,000.	.0			AWARD
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
ted in the line 1 table								
		3) and government o	rganizations listed	in the line 1 table				4
	BAA For Paperwork Reduction Act Notice,	, see the Instruction	s for Form 990.		TEEA3901L 07/12/13	07/12/13	Schedul	Schedule I (Form 990) (2013)

Page 2

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. (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. 26-3670335 (e) Method of valuation (book, FMV, appraisal, other) __IHE_NATURE_OF_THIS_PARTICULAR_GRANT_IS_SUB-GRANT.. THE_ORIGINAL_GRANTOR_IS_RESPONSIBLE SCHOOLS AND DISTRICTS WERE WITHOUT RESTRICTIONS (SCORE PRIZE WINNERS) BUT PROVIDED FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES. THE GRANTS MADE TO GENERAL GUIDELINES FOR SPENDING THAT REQUIRED THE FUNDS TO BE SPEND ON (d) Amount of non-cash assistance ___PART 1, LINE_2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S._ SCHOOL/DISTRICT NEEDS AS IDENTIFIED BY THE RESPECTIVE STAFFS. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance (Part (III) ~ က 4 വ 9

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Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990. See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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Department of the Treasury Internal Revenue Service Name of the organization

TENNESSEE STATE COLLABORATIVE ON

Pant I Questions Regarding Compensation

Employer identification number

26-3670335

		Yes	No
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.			
First-class or charter travel Housing allowance or residence for personal use			
Travel for companions Payments for business use of personal residence			
Tax indemnification and gross-up payments Health or social club dues or initiation fees			
Discretionary spending account Personal services (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	1 b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
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. PART II			
Compensation committee X Written employment contract			
Independent compensation consultant \overline{X} Compensation survey or study			
Form 990 of other organizations X Approval by the board or compensation committee			
4 During the year, did any person listed 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?.	4 a		Х
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b		X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		X
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?	5 a		Х
b Any related organization?	5 b		Х
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? .	6a		Х
b Any related organization?	6b		X
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	7		Х
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	8		Х
9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2013

26-3670335

Page 2

Schedule J (Form 990) 2013 TENNESSEE STATE COLLABORATIVE ON

Partill 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)(1)-(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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus and incentive compensation	(ii) Other reportable compensation	and other deferred compensation	benefits		reported as deferred in prior Form 990
JAMIE WOODSON	Θ	250,000.	25,000.	26,078.	12,750.	15, 328.	329, 156.	0
1 PRESIDENT & CEO	€	0	0.		0	0.		0.
SHARON ROBERTS	Θ	162,000.1	<u> </u>	5,126.	0	$-\frac{6}{2}$	<u> </u>	1
2 COO	€	0.	0		0	0.		0.
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ВАА			TEEA4102L 07/08/13	/13			Schedule J	Schedule J (Form 990) 2013

Also

7, and 8, for Part II.

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5b, 6a,

5a, ,

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545 0047 Open to Publicate Strains Personal Personal Publicate Strains Personal Pers

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 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 2013
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 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 FROM
ACROSS THE STATE. OTHER POLICY MEMOS DEVELOPED AND DISTRIBUTED IN 2013 INCLUDE,
"ACADEMIC STANDARDS IN TENNESSEE" AND "USING TECHNOLOGY TO TRANSFORM EDUCATION."

Name of the organization TENNESSEE STATE COLLABORATIVE ON REFORMING EDUCATION	Employer identification number 26-3670335			
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	120 3070333			
	CVENTS THE EIDST			
-SCORE INSTITUTE: IN 2013, SCORE HOSTED TWO SCORE INSTITUTE				
FEATURED A CANDID CONVERSATION BETWEEN GOVERNORS BILL HASLAM				
EDUCATION_REFORMTHE_SECOND_INSTITUTE_FOCUSED_ON_THE_CLEAR_1	NEED TO MEASURE WHETHER			
STUDENTS IN TENNESSEE ARE ACQUIRING THE SKILLS AND KNOWLEDGE	EMBEDDED IN TENNESSEE'S			
COMMON CORE STATE STANDARDS. THE EVENT FEATURED REMARKS BY N	ATIONAL AND STATE			
EDUCATION LEADERS AND A PANEL COMPOSED OF REPRESENTATIVE LEAD	DERS FROM A DISTRICT,			
SCHOOL, UNIVERSITY, AND COMMUNITY ORGANIZATION. THE EVENTS W	ERE WELL ATTENDED (OVER			
650 PARTICIPANTS) AND ENCOURAGED CONTINUED CONVERSATIONS WITH	HIN REGIONAL SETTINGS ON			
THE TOPICS.				
-OUTREACH AND COMMUNICATIONS: THROUGHOUT THE YEAR SCORE WORK	ED TO EXPAND ITS OUTREACH			
AND COMMUNICATIONS STRATEGY INCLUDING, BUT NOT LIMITED TO:				
*EXPANDING AND SUPPORTING THE EXPECT MORE, ACHIEVE MORE CO	DALITION. THE COALITION			
IS A GROUP OF EDUCATION, BUSINESS, AND PHILANTHROPIC ORGANIZA	ATIONS THAT ARE FOCUSED			
ON BUILDING AWARENESS AND SUPPORT FOR HIGH ACADEMIC STANDARDS	S IN TENNESSEE. IN 2013,			
THE COALITION EXPANDED TO INCLUDE MORE THAN 415 ORGANIZATIONS ACROSS THE STATE.				
*FACILITATING AND LEADING STRATEGIC PRESENTATIONS. SCORE	ream members facilitated			
105 PRESENTATIONS TO LOCAL, STATE AND NATIONAL ORGANIZATIONS	IN AN EFFORT TO SHARE			
TENNESSEE'S WORK TO IMPROVE STUDENT ACHIEVEMENT, INSPIRE PART	TNERS, SHARE RESOURCES,			
INNOVATE, AND/OR GATHER INFORMATION THAT CONTINUES TO INFORM				
*LEADING SIGNIFICANT ADVOCACY EFFORTS ONLINE. THROUGHOUT 2	2013 SCORE FOCUSED ON			
INCREASING FANS AND FOLLOWERS ON ITS SOCIAL MEDIA PROPERTIES				
SUPPORTED THE DEVELOPMENT AND LAUNCH OF THE EXPECT MORE, ACH				

REFORMING EDUCATION	26-3670335			
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS				
SOCIAL MEDIA PROPERTIES. THESE EFFORTS ENSURE THAT ACCURATE	E INFORMATION IS BEING			
SHARED_WHILE ALLOWING INDIVIDUALS TO ACTIVELY PARTICIPATE 1	IN SUPPORTING THESE			
EFFORTS.				
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS				
TECHNICAL ASSISTANCE: SCORE WORKS TO COLLABORATIVELY SUPPOR	RT KEY PARTNERS AS THEIR			
EFFORTS_ALIGN_WITH_SCORE'S_WORK_TO_INSPIRE, ILLUMINATE_AND	INNOVATE. BELOW ARE THE			
MAJOR PROJECTS THAT SUPPORTED THIS WORK:	-			
				
-LEADERSHIP SUMMIT: IN 2013, SCORE HOSTED A TWO DAY SUMMIT	FOR SCHOOL AND DISTRICT			
LEADERS FOCUSED ON HIGHLIGHTING BEST PRACTICES AND STRATEGI	ES IN KEY AREAS OF THE			
STATE'S WORK TO IMPROVE STUDENT ACHIEVEMENT; PROVIDING LEADER	S WITH AN OPPORTUNITY TO			
WORK WITH OTHER EDUCATION LEADERS FROM THROUGHOUT TENNESSEE	E AND THE NATION TO INFORM			
WORK IN THEIR OWN COMMUNITIES; AND INSPIRING LEADERS TO REM	MAIN COMMITTED TO			
TENNESSEE'S WORK TO PREPARE ALL STUDENTS FOR SUCCESS IN COL	LLEGE AND THE WORKFORCE.			
THE SUMMIT WAS ATTENDED BY NEARLY 600 EDUCATION LEADERS REP	PRESENTING 63 SCHOOL			
DISTRICTS ACROSS TENNESSEE AND A WIDE RANGE OF LOCAL AND NA	ATIONAL ORGANIZATIONS.			
-FIRST TO THE TOP PROGRESS MONITORING AND COMMUNITY CONVERS	SATIONS: IN ORDER TO			
ASSESS THE STATE'S PROGRESS WITH IMPLEMENTING ITS FIRST TO	THE TOP REFORMS, SCORE			
CONDUCTED EDUCATOR FOCUS GROUPS AND EXTENSIVE INDIVIDUAL IN	TERVIEWS WITH EDUCATIONAL			
LEADERS AND OTHER PARTNERS. SCORE ALSO HOSTED A SERIES OF C	COMMUNITY CONVERSATIONS			
THAT WERE FOCUSED ON EDUCATION REFORM INITIATIVES AND PROVI	DED REGIONAL COMMUNITY			
MEMBERS A PLATFORM FOR DISCUSSING THEIR CHALLENGES/OPPORTUN	ITTIES IN PREPARING ALL			
STUDENTS FOR SUCCESS AFTER HIGH SCHOOL. THIS INFORMATION, W	HICH FOCUSED ON THE			
SUCCESSES AND CHALLENGES OF IMPLEMENTATION, WAS SHARED WITH	SCORE'S STEERING			
COMMITTEE, AS WELL AS OFFICIALS FROM THE TENNESSEE DEPARTME	NT OF EDUCATION, AND WAS			

TENNESSEE STATE COLLABORATIVE ON REFORMING EDUCATION	Employer identification number 26-3670335
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS	
USED TO INFORM THE PROCESS OF IDENTIFYING THE STATE'S PRIORITIE	ES FOR 2014.
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL D	OCUMENTS
THE BOARD OF DIRECTORS MADE ONE SIGNIFICANT CHANGE TO THE GOVER	RNING DOCUMENTS OF THE
BOARD OF DIRECTORS SINCE THE PRIOR 990 WAS FILED. THE CHANGE RE	EQUIRES SCORE STAFF TO
ANNUALLY REVIEW THE BOARD POLICIES AND BRING ANY PROPOSED SUBST	TANTIVE CHANGES TO THE
BOARD WHILE ALL OTHER POLICIES REMAIN IN EFFECT UNTIL THE BOARD	O_ACTS_TO_MAKE_ANY
WARRANTED SUBSTANTIVE CHANGE.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE CEO AND COO, ALONG WITH THE BUSINESS ASSOCIATE AND EXTERNAL	_ACCOUNTANT_PERFORM
THE INITIAL REVIEW OF THE FORM 990. A DRAFT COPY OF THE FORM 99	00 IS SHARED WITH THE
ENTIRE BOARD. IT IS THEN REVIEWED WITH THE CHAIRMAN AND SECRETA	ARY OF THE BOARD. (THE
SECRETARY OF THE BOARD ALSO SERVES AS THE CHAIR OF THE FINANCE	AUDIT COMMITTEE.)
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	ENT OF CONFLICTS
SCORE HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH IS REVIEW	WED 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 ACKNOWLEDGMENT. ALL DISCLOSURE STATE	TEMENTS ARE REVIEWED
BY THE CEO AND CHAIRMAN OF THE BOARD TO DETERMINE IF FURTHER AC	CTION 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	ON, 2) THE USE OF DATA
REGARDING COMPARABLE COMPENSATION FOR OTHERS IN SIMILAR POSITION	ONS AND 3)
CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING.	- -
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	- OFFICERS & KEY EMPLOYEE
SAME AS ABOVE.	
	•

Schedule P (Form 990 or 990-EZ)	2013	Page 2
Name of the organization TENNESSEE	STATE COLLABORATIVE ON	Employer identification number
REFORMING	EDUCATION	26-3670335
CODM COO DADTIALIN	IE 10 OTHER ORGANIZATION ROCHMENTS BURLISH VAN	/All ADI E
FORM 990, PART VI, LIN	IE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	AILABLE
GOVERNING DOCUMENT	S, POLICIES, AND FINANCIAL STATEMENTS ARE AVA	AILABLE UPON REOUEST.
		
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2013

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 4

TENNESSEE STATE COLLABORATIVE ON REFORMING EDUCATION

26-3670335

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

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
		TOTAL	SERVICES	& GENERAL	RAISING
CONTRACT SERVICES PROFESSIONAL FEES REGISTRATION FEES		218,156. 28,055. 680.	218,156. 22,444. 680.	5,611.	
	TOTAL 🕏	246,891.	\$ 241,280.	\$ 5,611.	0.

2013

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 TENNESSEE STATE COLLABORATIVE ON REFORMING EDUCATION 26-3670335

PART II, LINE 10 - O	THER INCOME
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NATURE AND SOURCE	2013	2012	2011	2010	2009
FISCAL AGENT FEES	\$ 182,204. \$ 182,204.	\$ 300. \$ 300.	<u>\$</u> 0.	<u>s</u> 0.	<u>\$</u> 0.

2013 FEDERAL EXEMPT ORGANIZ TENNESSEE STATE COLI REFORMING EDU	PAGE 1 26-3670335		
DEVENUE	2013	2012	DIFF
REVENUE CONTRIBUTIONS AND GRANTS INVESTMENT INCOME OTHER REVENUE	3,722,241 4,199 182,204	1,602,481 3,567 300	2,119,760 632 181,904
TOTAL REVENUE	3,908,644	1,606,348	2,302,296
EXPENSES GRANTS AND SIMILAR AMOUNTS PAID SALARIES, OTHER COMPEN., EMP. BENEFITS OTHER EXPENSES	66,000 1,180,133 991,643	55,000 990,620 874,891	11,000 189,513 116,752
TOTAL EXPENSES	2,237,776	1,920,511	317,265
NET ASSETS OR FUND BALANCES REVENUE LESS EXPENSES TOTAL ASSETS AT END OF YEAR TOTAL LIABILITIES AT END OF YEAR. NET ASSETS/FUND BALANCES AT END OF YEAR	1,670,868 7,049,016 2,792,313 4,256,703	-314,163 5,290,762 2,704,927 2,585,835	1,985,031 1,758,254 87,386 1,670,868

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