# SCANNED SEP 1 1 201

#### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2011

Open to Public Inspection /

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

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

2011, and ending For the 2011 calendar year, or tax year beginning D Employer Identification Number Check if applicable TENNESSEE STATE COLLABORATIVE ON 26-3670335 Address change REFORMING EDUCATION E Telephone number Name change 1207 18TH AVENUE SOUTH #326 (615) 727-1545 Initial return NASHVILLE, TN 37212 Terminated 2,385,956. G Gross receipts \$ Amended return JAMIE WOODSON H(a) Is this a group return for affiliates? F Name and address of principal officer X No Yes Application pending H(b) Are all affiliates included? Nο SAME AS C ABOVE If 'No,' attach a list (see instructions) X 501(c)(3) 501(c) ( 4947(a)(1) or 527 Tax-exempt status ) < (insert no.) WWW.TNSCORE.ORG Website: ► H(c) Group exemption number 2009 M State of legal domicile X Corporation Trust Other > Form of organization Association L Year of Formation Part I Summary Briefly describe the organization's mission or most significant activities TO ENSURE THAT EVERY TENNESSEE HIGH SCHOOL GRADUATE IS READY FOR COLLEGE AND A CAREER AND THAT TENNESSEE IS THE Governance FASTEST IMPROVING STATE IN THE NATION. Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 0 6 30 6 Total number of volunteers (estimate if necessary) 7 a 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T. line 34 7 b 0. **Prior Year Current Year** 2,408,909. 2,378,199. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 7,757. 5,231 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 2,414,140 2,385,956. 50,000. 135,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 615,140 650,852. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 509,314. 569,667 Other expenses (Part IX, column (A), lines 11a-11d, 17 -24e) 1,234,807. 1,295,166. 18 Total expenses. Add lines 13-17 (must equal Part-IX, column-(A), line-25) ത് 1,179,333. 1,090,790. Revenue less expenses Subtract line 18 from time 12 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1,242,564. 3,012,159. 21 Total liabilities (Part X, line 26) 13,356. 112,161. Net assets or fund balances Subtract line 21 from-lin 1,229,208. 2,899,998. Part II Signature Block Under penalties of perjury, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 1 14 2012 Date Signature of officer Sign Here JAMIE WOODSON CEO Type or print name and title Print/Type preparer's name STEPHEN T. DOLAN self-employed P00666397 Paid DEAN & HOWARD **Preparer** ► FRASIER, Use Only Firm's address > 3310 WEST END AVENUE Firm's EIN - 62-1073578 (615) 383-6592 NASHVILLE, TN 37203 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

917-24,25

TEEA0113L 08/18/11

Form 990 (2011)

Form	990 (2011) TENNESSEE STATE COLLABORATIVE ON	26-3670335	Page 2
Pai	☆川農 Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	···	. X
1	Briefly describe the organization's mission: SEE SCHEDULE O		
	Did the organization undertake any significant program services during the year which were not listed o	n the prior	
_	Form 990 or 990-EZ?		X No
_	If 'Yes,' describe these new services on Schedule O.		ਹਾ
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes [	X No
	If 'Yes,' describe these changes on Schedule O.	on management by an	
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the acothers, the total expenses, and revenue, if any, for each program service reported.	mount of grants and allo	cations to
4a	(Code: (Expenses \$ 627,931. including grants of \$ 75,000.) (F	Revenue \$	)
	SEE SCHEDULE O		
			<b>-</b>
	(Code: \$ 307,271. including grants of \$ 5,000.) (F	Pavagua ¢	
40	(Code:) (Expenses \$ 307,271. including grants of \$ 5,000.) (FITECHNICAL ASSISTANCE: SCORE PLAYED A KEY ROLE IN HELPING BUILD		
		E HAS ACTED AS A	
	FISCAL AGENT FOR THE TDOE AND ASD IN RECRUITMENT, TRANSITION AND		
	STRATEGIC PLANNING. SCORE CONTINUES TO PROVIDE SUPPORT IN ANALY		CTS'
	FIRST TO THE TOP SCOPES OF WORK. THE ORGANIZATION ALSO PARTNERE		
	DIFFERENT EDUCATION STAKEHOLDERS ON THE TELL SURVEY (A PART OF T		
	INITIATIVE) TO ENCOURAGE PRACTITIONER INPUT RESULTING IN 77 PERC	ENT OF THE STATE	E'S
	EDUCATORS RESPONDING. SCORE CONTINUED ITS WORK OF EDUCATING STA	KEHOLDERS ABOUT	
	TENNESSEE'S REFORM WORK THOUGHT ITS OUTREACH EFFORTS ACROSS THE		
	MEMBERS PRESENTED AT DOZENS OF STATE CONFERENCES, LOCAL AND REGI- COMMUNITY ROUNDTABLES, AND WERE PANELISTS AT A NUMBER OF NATIONAL		AND
4 c	: (Code:) (Expenses \$ 176,398. including grants of \$ 55,000.) (F	Revenue \$	)
	SCORE PRIZE: IN SEPTEMBER 2011, SCORE HOSTED THE FIRST ANNUAL S	CORE PRIZE EVENT	I IO
	RECOGNIZE DISTRICTS AND SCHOOLS IN TENNESSEE THAT ARE MAKING SIG		
	STUDENT ACHIEVEMENT THROUGH IMPLEMENTATION AND INNOVATIVE EDUCAT		
	THE IMPACT OF THE SCORE PRIZE HAS BEEN IMPRESSIVE WITH 47 PRESS THE WINNERS AND FINALISTS. SCORE LAUNCHED A MICRO-WEBSITE TO HIGH		
	THE WINNERS AND FINALISTS. SCORE LAUNCHED A MICRO-WEBSITE TO HIT THE 8 FINALISTS AND FOUR WINNERS AND INCLUDES DETAILED DATA. THE	CUTIGUT TUE MOVI	TED TOT
	OVER A THOUSAND PAGE VIEWS, AND IT FEATURES VIDEO INTERVIEWS THAT		
	TO STUDENT ACHIEVEMENT SUCCESS.		
		- <b>-</b>	
		- <b></b>	
	10ther record on the Charles of School of Control of Co		
4 d	Other program services. (Describe in Schedule O.)  SEE SCHEDULE O  (Figure 1997)	`	
10	(Expenses \$ 74,942. including grants of \$ ) (Revenue \$ Total program service expenses ► 1,186,542.		
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

Form 990 (2011) TENNESSEE STATE COLLABORATIVE ON 26-3670335 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?. . 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 X . . . . . . 4 Х 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 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, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 Х environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II. . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. . . . 8 X Did the organization report an amount in Part X, line 21; 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 Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X 11 a **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....... Х 11b Х 11 c 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 11 d Х X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. 11 f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII . 12a Х . . . . . 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, XII, and XIII is optional . . . 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . . . . . . X 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х 14b 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 X 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

20

20 b

X

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

**b** If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . .

Form 990 (2011) TENNESSEE STATE COLLABORATIVE ON Parally Checklist of Required Schedules (continued)

		}	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J </i>	23	X	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
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
ì	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	-	``	
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
2 A A		Farm	000 /	0011

Form **990** (2011)

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Form 990 (2011) TENNESSEE STATE COLLABORATIVE ON 26-367033	5	F	age
Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V			Γ
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 24			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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			į
services provided to the payor?	7a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			Ĥ
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
as required?	7g		
Form 1098-C?	7h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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:			l
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   13b			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes.' has it filed a Form 720 to report these payments? If 'No.' provide an explanation in Schedule O	14b		

26-3670335 Page 6 Rail III Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year... 13 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. 13 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . . . Х 2 ..... . ... . . . . . . . Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . . . . . 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.. 5 Did the organization have members or stockholders?.... 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or other persons other than the governing body?................... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? . . . . 8ь 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10 a X 10b 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 X 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ... 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 X 14 Did the organization have a written document retention and destruction policy? ..... X 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 0 . . . . 15a X b Other officers of key employees of the organization . SEE .SCHEDULE . 0 . . . . . . 15<sub>b</sub> If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? 16b Section C. Disclosure 17 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| Another's website |X| Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to SEE SCHEDULE O the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
		(C) Position								
(A) Name and title	(B) Average hours per week	L	(do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other compensation			
	(describe hours for related organiza- tions in Schedule O)	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	١.	,,		v						0
CHAIRMAN (2) JAMES W. AYERS	1	Х		X	-			0.	0.	0.
DIRECTOR	1	Х						0.	0.	0.
(3) CHARLES W. CAGLE										
DIRECTOR	1	Х	<u> </u>		L_			0.	0.	0.
(4) KEVIN T. CLAYTON DIRECTOR	1	х						0.	0.	0.
(5) VICKY GREGG		.,							0	0
DIRECTOR  (6) ZAN GUERRY	1	Х						0.	0.	0.
DIRECTOR	1	х						0.	0.	0.
7) JAMES A. HASLAM III DIRECTOR	1	х						0.	0.	0.
(8) J.R. HYDE III DIRECTOR	1	Х						0.	0.	0.
(9) ORRIN_HINGRAM_II DIRECTOR	1	Х						0.	0.	0.
(10) DR. THOM MASON DIRECTOR	1	Х						0.	0.	0.
(11) GREGG F. MORTON DIRECTOR	1	х						0.	0.	0.
(12) SCOTT NISWONGER DIRECTOR	1	х						0.	0.	0.
(13) JAMES J. POWELL DIRECTOR	1	Х						0.	0.	0.
(14) JAMIE WOODSON		Λ	$\vdash$				$\vdash \vdash$	0.	- 0.	0.
PRESIDENT & CEO	40			X				156,718.	0.	13,319.

Partiving Section A. Unicers, Directors, Trust	ees, r	<b>∖ey</b>		ibic	yе	es,	and	u nignest con	ipensated Emp	noyees (cont)
(A) Name and title	(B) Average hours	verage box, unless person is bo			h an	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other		
	per week (describ e hours for related organi- zations	or director	Institutional trustee	Officer	Key employee	Highest compensate employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	related organi- zations in Sch O)		l trustee		yee	mpensated				
(15) BRAD SMITH EXECUTIVE DIREC	40			х				15,252.	0.	0.
(16) SYLVIA FLOWERS DIR.TECH. ASST.	40			х				102,000.	0.	497.
(17)										
(18)										
(9)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							<b>►</b>	273,970. 0.	0.	<del></del>
d Total (add lines 1b and 1c)							<b>•</b>	273,970.	0.	13,816.
2 Total number of individuals (including but not limited from the organization ► 2							o re	<u></u>		able compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trus	tee, al	key	emp	oloy	ee, (	or h	ghest compensate	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of replace the organization and related organizations greater to such individual	oortable nan \$15	e co 50,00	mpe 00?	nsat If 'Y	tion 'es'	and com	oth	er compensation : e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' c	ompen: omplet	satio e Sc	n fro	om a Jule .	any <i>J fo</i>	unre r sud	· elate ch p	ed organization or erson	individual	5 X
Section B. Independent Contractors									<del></del>	
Complete this table for your five highest compensation from the organization. Report compensation.	ed inde	pen	dent	cor	ntrac nda	tors	tha	it received more the	nan \$100,000 of In the organization	's tax year.
(A) Name and business address  (B) Description of services Compensation										
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	_	lımı	ited	to th	nose	lıst	ed a	above) who receive	ed more than	

1 3

ĮРа	rt VIII Statement of Revenue			· · · · · · · · · · · · · · · · · · ·	
		(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e  f All other contributions, gifts, grants, and similar amounts not included above 1 f 2 , 378 , 199 . g Noncash contributions included in lns 1a-1f: \$	2,378,199.			
<del></del>	ii iotali /taa iii co ta ti	2,370,199.	<u></u>	<del></del>	
ROGRAM SERVICE REVENUE	Business Code  2 a  b  C  d  e  f All other program service revenue .				
-	g Total. Add lines 2a-2f				
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li></ul>				7,757.
	(i) Real (ii) Personal  6a Gross rents				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory.  b Less: cost or other basis and sales expenses . c Gain or (loss)			,	
		,	, , , , , , , , , , , , , , , , , , , ,		
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	,	-		,
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 a b Less. direct expenses b				,
	c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances			~ -	
	<b>b</b> Less: cost of goods sold <b>b</b>				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code			, , , , , , , , , , , , , , , , , , , ,	
	b c				
}	d All other revenue .	<del>.</del>	<del>,,,</del>	<del></del>	<del></del>
	C Total Add mics Harrid	2 205 056		1	7 757
	12 Total revenue. See instructions	2,385,956.	0.	0.	7,757.

#### | Partilix | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Obselvit Calculate O seathers as		and the Deat IV		<del></del>
	Check if Schedule O contains a re	esponse to any question			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	135,000.	135,000.		
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		. 13		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	273,970.	241,884.	32,086.	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	306,653.	270,739.	35,914.	
	Pension plan accruals and contributions	300,033.	210,133.	33, 314.	
9	(include section 401(k) and section 403(b) employer contributions).				
	· · ·	70 220	C2 004	0.005	
10	Payroll taxes	70,229.	62,004.	8,225.	<del></del>
	Fees for services (non-employees):				
	a Management	1 500			
	Legal	1,580.		1,580.	
	Accounting	23,636.	11,088.	12,548.	
	il Lobbying	2,349.	2,349.		
	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
9	g Other	5,675.	5,010.	665.	
12	Advertising and promotion				
13	Office expenses	24,905.	23,996.	909.	
14	Information technology	81,571.	81,571.		
15	Royalties				
16	Occupancy	48,000.	38,400.	9,600.	
17	Travel	35,015.	35,015.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,299.		2,299.	
23	Insurance	1,335.	630.	705.	100
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				:
	expenses on Schedule O.)				
	CONTRACT_SERVICES	118,555.	118,555.		
	MEETINGS	98,922.	98,271.	651.	
	PUBLIC RELATIONS	56,578.	56,578.		
	MISCELLANEOUS	8,894.	5,452.	3,442.	
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,295,166.	1,186,542.	108,624.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here				-
	SOP 98-2 (ASC 958-720)				
	SUF 30-2 (ASC 338-720)			<u>_</u> <u>_</u>	<del></del>
					E 000 (2011)

Part X Balance Sheet (A) Beginning of year End of year 248,770 1 390,262. Cash - non-interest-bearing.. . 2 926,566. 969,931 2 Savings and temporary cash investments 3 690,000. 3 Pledges and grants receivable, net . 20,000 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . 5 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 6 organizations (see instructions) ....... ASSETS 7 Notes and loans receivable, net....... 8 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,264. 3,863. 10 c 5,331. 11 Investments — publicly traded securities....... Investments – other securities. See Part IV, line 11..... 12 13 14 14 15 15 3,012,159 1,242,564 16 16 Total assets. Add lines 1 through 15 (must equal line 34).... 13,356. 17 31,772 17 Accounts payable and accrued expenses ..... . ..... 18 18 Grants payable 19 Deferred revenue. 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D..... ABILITIES Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 23 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 80,389. 112,161 13,356 26 26 Total liabilities. Add lines 17 through 25... Organizations that follow SFAS 117, check here > |X| and complete lines N E T 27 through 29 and lines 33 and 34. ASSETS 1,172,573. 27 2,209,998. 27 Unrestricted net assets. 56,635. 28 690,000. 28 Temporarily restricted net assets. . 29 29 Permanently restricted net assets ..... Q R Organizations that do not follow SFAS 117, check here ► and complete FUXD lines 30 through 34. 30 30 Capital stock or trust principal, or current funds ... ...... 31 Paid-in or capital surplus, or land, building, or equipment fund ..... . . . 31 BALANCES 32 32 Retained earnings, endowment, accumulated income, or other funds 33 1,229,208. 33 2,899,998. Total net assets or fund balances. . . . 1,242,564. 34 Total liabilities and net assets/fund balances 3,012,159.

BAA

Form 990 (2011)

Form 990 (2011) TENNESSEE STATE COLLABORATIVE ON	26-3670335	Page <b>12</b>
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response to any question in this Part XI		X
1. Tatal and a control Dark VIII. askers (A), kno 10)	4	2 205 056
1 Total revenue (must equal Part VIII, column (A), line 12)	1-1-	2,385,956.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,295,166.
3 Revenue less expenses Subtract line 2 from line 1.	3	1,090,790.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,229,208.
5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	580,000.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,899,998.
PartXIII Financial Statements and Reporting		
Check if Schedule O contains a response to any question in this Part XII		
		Yes No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
b Were the organization's financial statements audited by an independent accountant?		2b X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2c X
If the organization changed either its oversight process or selection process during the tax year, explain		
ın Schedule O.		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both:	e issued on a	
X Separate basis Consolidated basis Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a X
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo th or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3b
BAA		Form 990 (2011)

TEEA0112L 07/06/11

#### 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. ► See separate instructions.

මුල්ගුව හැලෙල් ලෝසදෙල්ග

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(D)

Total

TENNESSEE STATE COLLABORATIVE ON REFORMING EDUCATION

Employer identification number 26–3670335

Partil Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above?. 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?. 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify (i) Name of supported (iii) Type of organization (iv) Is the (vi) Is the (vii) Amount of support organization in column (i) organized in the US? (described on lines 1-9 above or IRC section (see instructions)) the organization in column (i) of your support? organization organization in column (i) listed in your governing document? Yes No Yes No Yes No (A) (B) (C)

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

Schedule A (Form 990 or 990-EZ) 2011

Page 2

### Schedule A (Form 990 or 990-EZ) 2011 TENNESSEE STATE COLLABORATIVE ON 26-3670335 [Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tiòn A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			50,000.	2,988,909.	2,378,199.	5,417,108.	
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	0.	0.	50,000.	2,988,909.	2,378,199.	5,417,108.	
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)						2,474,240.	
6	Public support. Subtract line 5 from line 4						2,942,868.	
Sec	tion B. Total Support	! <del>!</del>	<u></u>				_	
Cale	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total	
7	Amounts from line 4	0.	0.	50,000.	2,988,909.	2,378,199.	5,417,108.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				5,231.	7,757.	12,988.	
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.)						0.	
11	Total support. Add lines 7 through 10						5,430,096.	
12	Gross receipts from related activ	rities, etc (see ins	tructions)		· · · · · · · · · · · · · · · · · · ·	12	0.	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(	(3) ► [X]	
	tion C. Computation of Pu							
14	Public support percentage for 20							
15	Public support percentage from	2010 Schedule A,	Part II, line 14			15	%	
16 a	16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
t	33-1/3% support test – 2010. If and stop here. The organization	the organization d qualifies as a put	lid not check a bo olicly supported o	x on line 13 or 16 rganization .	Sa, 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	e. Explain in Part	IV how	
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and <b>stop he</b> a publicly support	e. Explain in Part ed organization	IV how the ►	
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	····			
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2011	

Page 3

Schedule A (Form 990 or 990-EZ) 2011 TENNESSEE STATE COLLABORATIVE ON Partilled 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							
	dar year (or fiscal yr beginning in) > Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants ')	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d</b> ) 2010	<b>(e)</b> 2011	(f) Total	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.							
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							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	: Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support		<del> </del>		<del></del>			
	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
10 a	Amounts from line 6							
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is							
12	regularly carried on Other income. Do not include gain or loss from the sale of capital 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 organization stop here	ation's first, secor	nd, third, fourth, c	or fifth tax year as	a section 501(c)(	3) ▶ □	
Sec	tion C. Computation of Pul	blic Support P	ercentage			····		
15	Public support percentage for 20	011 (line 8, columi	n (f) divided by lir	ne 13, column (f))		15	%	
	Public support percentage from					16	0/0	
	tion D. Computation of Inv					1		
17	Investment income percentage for	• •	• • • • • • • • • • • • • • • • • • • •	•	ımn (f))	17	%	
	Investment income percentage for					18	%%	
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check	this box and <b>sto</b> l	<b>p here.</b> The organ	nization qualifies a	as a publicly supp	orted organizatior	ւ • 📙	
	b 33-1/3% support tests — 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, c	check this box and	see instructions		

Schedule A (Form 990 or 990-EZ) 2011 TENNESSEE STATE CULLABURATIVE UN 26-36/0335 Pag	e 4
Partive Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
SUPPORT SCHEDULE ADDITIONAL SUPPLEMENTAL INFORMATION	
THERE_WAS_A_NET_CHANGE_IN_ACCRUED_CONTRIBUTIONS_IN_THE_AMOUNT_OF \$580,000 AT THE END	_ <b>_</b>
OF 2010. THE AMOUNT INCLUDED ON SCHEDULE A, PART II, SECTION A, LINE 1(D) HAS BEEN	
MODIFIED FOR THESE CHANGES.	

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

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

OMB No 1545-0047 2011

entipered of medo

Department of the Treasury Internal Revenue Service

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

► Complete if the organization is described below.

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

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.	s that have 1401 filed 1 offit 3705 (election	under section sorting	Complete Fait II-b. b	o not complete
lf the	e organization answered 'Yes	,' to Form 990, Part IV, line 5 (Proxy Tax) o	or Form 990-EZ, Part	V, line 35a (Proxy Tax),	then
• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
	of organization			Employer identifica	
TEI	NNESSEE STATE COLLA	BORATIVE ON		26-367033	
		rganization is exempt under section			zation.
1	Provide a description of the	organization's direct and indirect political o	ampaign activities in	Part IV.	
2	Political expenditures			▶\$	
3	Volunteer hours				
Pa	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 .	►\$	<del></del>
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.	►\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 8	Was a correction made? .				. Yes No
t	If 'Yes,' describe in Part IV.				
Pa	Complete if the o	rganization is exempt under section	on 501(c), except	section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt functio	n activities. ►\$	
2		g organization's funds contributed to other			
3	Total exempt function expen line 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
		and employer identification number (EIN) s. For each organization listed, enter the ai			hich the filing
	organization made payments amount of political contribution segregated fund or a political	<ul> <li>For each organization listed, enter the all ons received that were promptly and direct if action committee (PAC). If additional spa</li> </ul>	mount paid from the f tly delivered to a sepa ace is needed, provide	illing organization's fund arate political organizati e information in Part IV	ds. Also enter the ion, such as a separate
			(c) EIN		
	(a) Name	(b) Address	(c) EII4	(d) Amount paid from filing organization's funds	(e) Amount of political contributions received and
				If none, enter-0-	promptly and directly delivered to a separate
					political organization If none, enter -0-
	· · · · · · · · · · · · · · · · · · ·				
(1)					
(2)					
(3)					
				<del></del>	
(4)		<b></b>			
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2011

BAA

d Grassroots nontaxable

e Grassroots ceiling amount (150% of line 2d, column (e))....

f Grassroots lobbying expenditures ...

amount

Schedule C (Form 990 or 990-EZ) 2011

97,175.

145,763.

49,653.

47,522

	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forr	n 5768		
	(circulati didei section so i(ii)).	(a	,	<del></del> -	(b)	
For eåch 'Y of the lobby	es' response to lines 1a through 1i below, provide in Part IV a detailed description ng activity.	Yes	No		ount	
legisla	the year, did the filing organization attempt to influence foreign, national, state or local ion, including any attempt to influence public opinion on a legislative matter or referendum, in the use of.					
	aff or management (include compensation in expenses reported on lines 1c through 1i)?					
	advertisements?					
	s to members, legislators, or the public?					
	ations, or published or broadcast statements?				-	
	to other organizations for lobbying purposes?		$\neg \uparrow$			
	contact with legislators, their staffs, government officials, or a legislative body?					
-	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		+			
	· · · · · · · · · · · · · · · · · · ·		o			
	activities?				-	
•	<u> </u>			<del></del>		<del></del>
	activities in line 1 cause the organization to be not described in section 501(c)(3)? ' enter the amount of any tax incurred under section 4912	_				
	enter the amount of any tax incurred by organization managers under section 4912					
	· · · · · · · · · · · · · · · · · · ·					
	ling organization incurred a section 4912 tax, did it file Form 4720 for this year?	-VE		<u> </u>		
ireni ineai	∬Complete if the organization is exempt under section 501(c)(4), section 501( section 501(c)(6).	C)(3)	, Or			
<del></del> .	Section 301(c)(o).				Vac	l No
d 147				Г <u>.</u>	Yes	No
	ubstantially all (90% or more) dues received nondeductible by members?			. 2	<del> </del>	-
	organization make only in-house lobbying expenditures of \$2,000 or less?			·	<del> </del>	
	organization agree to carry over lobbying and political expenditures from the prior year?				<u> </u>	<u> </u>
(15674 (111 <u>25</u>	Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' Ol answered 'Yes.'	(b) (c)(o)	Part I	II-A, line	e 3, is	5
1 Dues,	assessments and similar amounts from members		1			
2 Section expen	162(e) nondeductible lobbying and political expenditures (do not include amounts of political less for which the section 527(f) tax was paid).					
a Currer	tyear	.	2a			
<b>b</b> Carryo	ver from last year		2b			
c Total			2 c			
3 Aggre	ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
does t	es were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ie organization agree to carryover to the reasonable estimate of nondeductible lobbying and politi- liture next year?	cal	4			
	e amount of lobbying and political expenditures (see instructions)	]	5			
	Supplemental Information					
Partly	s part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Pa				_	

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 TENNESSEE STATE COLLABORATIVE ON  Partity Supplemental Information (continued)	26-3670335	Page 4
Partly Supplemental Information (continued)		
·		
		<b></b>
		<del>-</del> -

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

OMB No 1545-0047 (panto Public (pagadion

Name of the organization

Employer identification number

	NNESSEE STATE COLLABORATIVE ON FORMING EDUCATION		26-3670335
	Organizations Maintaining Donor Advised Fund	Is or Other Similar Funds or A	
UKG	the organization answered 'Yes' to Form 990, Pa	art IV, line 6.	.cocamo, comprete n
			b) Funds and other accounts
-		or advised idites	b) I and and other decounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ funds are the organization's property, subject to the organization	ing that the assets held in donor advirs exclusive legal control?	sed Yes No
6	Did the organization inform all grantees, donors, and donor advisused only for charitable purposes and not for the benefit of the course conferring impermissible private benefit?	lonor or donor advisor, or for any other	er No
Dai	Conservation Easements. Complete if the organ		n 990 Part IV line 7
	Purpose(s) of conservation easements held by the organization		11 330, 1 41(14, 1110 7)
•	Preservation of land for public use (e.g., recreation or educa	·	orically important land area
	· · · · · · · · · · · · · · · · · · ·	Preservation of a certif	
	Protection of natural habitat	Freservation of a certif	ned historic structure
_	Preservation of open space		of a company to a the
2	Complete lines 2a through 2d if the organization held a qualified last day of the tax year.	conservation contribution in the form	for a conservation easement on the
	actively or the ten your		Held at the End of the Tax Year
,	a Total number of conservation easements	2a	
	Total acreage restricted by conservation easements	( = · · ·	
	Number of conservation easements on a certified historic structu	· · · · · · · · · · · · · · · · · · ·	
		```	
	Number of conservation easements included in (c) acquired afte structure listed in the National Register	<u>2d</u>	·
	Number of conservation easements modified, transferred, releas tax year ▶		e organization during the
	Number of states where property subject to conservation easeme	<del></del>	
	Does the organization have a written policy regarding the period and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and	enforcing conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and enfo	orcing conservation easements during	the year
8	Does each conservation easement reported on line 2(d) above s 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	atisfy the requirements of section	Yes No
9	In Part XIV, describe how the organization reports conservation easer include, if applicable, the text of the footnote to the organization conservation easements.	's financial statements that describes	the organization's accounting for
Pai	Organizations Maintaining Collections of Art, F Complete if the organization answered 'Yes' to I	listorical Treasures, or Other Form 990, Part IV, line 8.	Similar Assets.
1 a	a If the organization elected, as permitted under SFAS 116 (ASC sart, historical treasures, or other similar assets held for public exin Part XIV, the text of the footnote to its financial statements the	chibition, education, or research in fur	ement and balance sheet works of therance of public service, provide,
t	If the organization elected, as permitted under SFAS 116 (ASC 9) historical treasures, or other similar assets held for public exhibit following amounts relating to these items:	358), to report in its revenue statemer tion, education, or research in further	nt and balance sheet works of art, ance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, historical treasuramounts required to be reported under SFAS 116 (ASC 958) relatives	ires, or other similar assets for financating to these items:	cial gain, provide the following
a	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
Ł	Assets included in Form 990, Part X		<b>►</b> \$

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10 (investment) basis (other) deoreciation 1 a Land **b** Buildings . . . c Leasehold improvements . 2,563 7,246 4,683 d Equipment. . 1.349. 701. 648 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) 5,331

BAA

Schedule D (Form 990) 2011

2 FIN 48 (ASC 740) Footnote. In Part XIV, 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).

SEE PART XIV

(11)

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

80,389.

Sche	edule D (Form 990) 2011 TENNESSEE STATE COLLABORATIVE ON	26-3670335	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		2,385,956.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,295,166.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		1,090,790.
4	Net unrealized gains (losses) on investments		
5		•	
-		-	
6	Investment expenses	<del></del>	F00 000
7	Prior period adjustments	·	580,000.
8	Other (Describe in Part XIV ).	· ·	F00 000
9	Total adjustments (net). Add lines 4 through 8		580,000.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		1,670,790.
Har	Reconciliation of Revenue per Audited Financial Statements With Revenue pe		2 2 2 2 5 6
1	Total revenue, gains, and other support per audited financial statements	1 2	2,385,956.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3 2	2,385,956.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		2,385,956.
	Reconciliation of Expenses per Audited Financial Statements With Expenses		-,000,500.
	Total expenses and losses per audited financial statements		1,295,166.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		2,230,100.
	Donated services and use of facilities		
	Other losses	— <b>————————————————————————————————————</b>	
	Other (Describe in Part XIV.)		
	Add lines 2a through 2d	2e	1 205 166
	Subtract line 2e from line 1	. 3 1	1,295,166.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	· · · · · · · · · · · · · · · · · · ·		
_	Add lines 4a and 4b.	4c 5 1	1,295,166.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 13	1,293,100.
	Supplemental Information	-1 () / 1 1 h1	OL :
Part any a	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com additional information.	plete this part to p	orovide
	PART X - FIN 48 FOOTNQTE		
	SCORE HAS QUALIFIED FOR TAX EXEMPT STATUS UNDER SECTION 501 (C) (3)	OF THE INTE	RNAL
	REVENUE CODE AND IS NOT A PRIVATE FOUNDATION.		
	<u>SCORE FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STAN</u>	DARDS_CODIF	<u>ICATION</u>
			_
	("FASB ASC") GUIDANCE RELATED TO UNCERTAIN TAX PROVISIONS. THE GUI	DANCE CLARI	FIES
	THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN OR	GANIZATION'	S
			<i></i>
	FINANCIAL STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILI	ТУ ТНВЕСНОТ	тант п
DAA	TERASON DEPEND		Form 990) 2011

Schedule D (Form 990) 2011 TENNESSEE STATE COLLABORATIVE ON	20-30/0335	Page :
PartXIV Supplemental Information (continued)		
PART X - FIN 48 FOOTNOTE (CONTINUED)		
A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT	IS RECOGNIZED. THE	<u>:</u>
MINIMUM_THRESHOLD_IS_DEFINED_AS_A_TAX_POSITION_THAT_IS_MORE_LT	IKELY THAN NOT TO B	BE
SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY,	,_INCLUDING RESOLUT	ION
OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE 1	FECHNICAL MERITS OF	THE
POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE	LARGEST AMOUNT OF	
BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REA	ALIZED UPON ULTIMAT	E
SETTLEMENT. SCORE HAS NO TAX PENALTIES OR INTEREST REPORTED IN	N THE ACCOMPANYING	
FINANCIAL STATEMENTS. TAX YEARS THAT REMAIN OPEN FOR EXAMINATION	ION INCLUDE THE YEA	IRS
ENDED DECEMBER 31, 2009 THROUGH DECEMBER 31, 2011.		<b></b> -
		- <del></del>
		<del></del> -
		· 
	·	
	· — — — — — — — — — — — — — — — — — — —	

Schedule D (Form 990) 2011 TENNESSEE STATE COLLABORATIVE ON PartXIV Supplemental Information (continued)	26-3670335	Page 5
•		<del></del>
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		<b>-</b>
	<b></b>	<b>-</b>
	· <b></b>	
	· <b></b>	
	·	
	·	

# SCHEDULE I (Form 990)

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

OMB No 1545-0047

**Employer Identification number** 26-3670335

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990. TENNESSEE STATE COLLABORATIVE ON PARTICE IN General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

	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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	valuation (g) Description of (h) Purpose of grant appraisal, non-cash assistance or assistance	AWARD	AWARD	AWARD	AWARD	SUB-GRANT			
tates. SEE PART IV	d States. Complete if the o eck this box if no one recip	(f) Method of valuation (f) Method of valuation assistance (book, FMV, appraisal, other)	.0	.0	.0	.0	0.			
rant funds in the United S	izations in the Unite	(d) Amount of cash grant	10,000.	. 55,000.	10,000.	10,000.	75,000.			
nce? Intering the use of grant funds in the United States. SEE PART IV	ients and Organ t that received me is needed	(c) IRC section if applicable	4 501 (C) (3)	3 501 (C) (3)	7 501 (C) (3)	6 501 (C) (3)	4 501 (C) (3)			
ne grants or assista s procedures for mo	nce to Governm for any recipien f additional spac	(b) EIN	62-6000474 501	62-6000353 501	62-6000917 501	26-2794676 501	52-1957214 501			
the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Partil Grants and Other Assistance to Governments and Or Form 990, Part IV, line 21 for any recipient that received Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	(1) FAIRVIEW ELEMENTARY SCHOOL — 6715 HICKORY VALLEY ROAD — HEISKELL, TN 37754	(2) MARYVILLE CITY SCHOOLS 833 LAWRENCE AVENUE MARYVILLE, TN 37803	(3) MT. JULIET HIGH SCHOOL 1800 CURD ROAD MT. JULIET, TN 37122	(4) POWER CENTER ACADEMY 6120 WINCHESTER ROAD MEMPHIS, TN 38115	(5) STAND FOR CHILDREN	J6)	<i>Ω</i>	

Schedule 1 (Form 990) (2011)

TEEA3901L 06/01/11

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table.

Schedule I (Form 990) (2011) TENNESSEE STATE COLLABORATIVE ON Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
က					
4					
5					
O					
7   Supplemental Information Complete this part to		rovide the informati	no redilired in Par	the 2 and any oth	provide the information required in Part I line 2 and any other additional information
PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.		OF GRANTS FUN	DS IN U.S.		
THE NATURE OF THIS PARTICULAR GRANT IS SUB-GRANT. THE ORIGINAL GRANTOR IS RESPONSIBLE	GRANT IS SUB-	GRANT. THE ORIG	INAL GRANTOR I	S RESPONSIBLE	
FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES. THE GRANTS MADE TO	VI FUNDS IN TH	E UNITED STATES	THE GRANTS M	ADE TO	
SCHOOLS AND DISTRICTS WERE WITHOUT RESTRICTIONS (SCORE PRIZE WINNERS AND TELL SURVEY	THOUT RESTRICT	IONS (SCORE PRI	ZE WINNERS AND	TELL SURVEY	
AWARDS) BUT PROVIDED GENERAL GUIDELINES FOR SPENDING THAT REQUIRED THE FUNDS TO BE	SUIDELINES FOR	SPENDING THAT	REQUIRED THE FI	JNDS TO BE	
SPEND ON SCHOOL/DISTRICT NEEDS AS IDENTIFIED BY THE RESPECTIVE STAFFS.	AS IDENTIFIE	D BY THE RESPEC	TIVE_STAFFS	 	
					·
		               	! ! ! ! ! ! ! !	; ; ; ; ; ; ; ; ;	
1	1	 	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	7 1 1 1 1 1 1 1 1 1	
2	1 1 1 1 1 1				

BAA

Schedule I (Form 990) (2011)

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

OMB No 1545-0047

2011

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Department of the Treasury Internal Revenue Service

Name of the organization

TENNESSEE STATE COLLABORATIVE ON Partil 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)			
1	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 the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	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. Explain in Part III.			
	E INKI III			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:	į		
	a Receive a severance payment or change-of-control payment?	4a		Х
	p Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
		i		
	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:			
á	The organization?	5a		X
k	Any related organization?	5b		X
	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	a The organization?	6a	-	X
	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 navments not	_1		
	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		X
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		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

26-3670335

Page 2

TENNESSEE STATE COLLABORATIVE ON

Schedule J (Form 990) 2011

[Barklin] Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

	(B) Breakdow	(B) Breakdown of W.2 and/or 1099.MIS	MISC compensation	(C) Betrement and	oldevetook (O)		(E) Compagation
<b>(A)</b> Name	() Base compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(I)(B)	reported as deferred in prior Form 990
JAMIE WOODSON	(1) 156,718.	3.		7,836.		170,037.	
1		0		       	0	0.	0.
	()						
2							         
	()	1					
3	1						             
	()					•	
4			! ! ! ! ! !	i               	1 1 1 1 1 1	1 1 1 1 1 1 1 1	! ! ! ! !
	()						
5					 	r   	,             
	0						
9	(ii)		           	       	             	 	 
	0						
7	] ]						
8						1	 
	(0)						
6	(ii)						
	(0)			             	1 1 1 1 1		
10	(ii)						
	()						
11							
	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12	(i)						
	(a)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	           		! ! ! ! !
13	(II)						
		             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	           		
14	(II)						
	(0)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
15	(i)						
	(0)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1
16	(ii)					-	1, 1
ВАА			TEEA4102L 01/	01/24/12		Sche	Schedule J (Form 990) 2011

BAA

Schedule J (Form 990) 2011

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Name of the organization TENNESSEE

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 2011 Open to Public linspection Employer identification number

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	Y 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 COMMUNICAT	TIONS, TARGETED OUTREACH,
PROGRESS MONITORING, AND HIGHLIGHTING AND SHARING BEST-PRACT	TICES. TO ACCOMPLISH OUR
MISSION, ALL ACTIVITIES ARE FOCUSED ON THE FOLLOWING FOUR PI	ILLARS: EMBRACING HIGH
STANDARDS, CULTIVATING GREAT SCHOOL AND DISTRICT LEADERS, EN	NSURING EXCELLENT
TEACHING, AND USING DATA TO ENHANCE STUDENT LEARNING.	
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
POLICY AND ADVOCACY: SCORE HOSTED A LUNCHEON WITH STATE LEG	GISLATORS ON EDUCATION
POLICY ISSUES IN FEBRUARY WHICH FOCUSED ON EFFECTIVE TEACHING	IG, TEACHER TENURE, AND
THE CHALLENGES OF IMPLEMENTATION. A TOTAL OF SEVEN REPORTS I	NCLUDING FOUR POLICY
MEMOS WERE PRODUCED ON TOPICS RANGING FROM ACADEMIC STANDARD	OS TO SUPERINTENDENT
SELECTION. THESE REPORTS INCLUDED A 2010 YEAR IN REVIEW THA	AT OUTLINED THE
SIGNIFICANT PROGRESS THAT TENNESSEE MADE IN 2010, STATE AND	DISTRICT STUDENT
ACHIEVEMENT DATA, AND SPECIFIC REFORM RECOMMENDATIONS FOR TH	HE STATE IN 2011. SCORE
CONDUCTED SEVERAL MAJOR ADVOCACY CAMPAIGNS CENTERED ON KEY E	DUCATION POLICY ISSUES.
THROUGH THESE EFFORTS, SCORE ACCUMULATED 250 MENTIONS IN THE	PRESS, 1,726 NEW
FACEBOOK FANS (193 PERCENT INCREASE), 1,741 NEW TWITTER FOLL	OWERS (444 PERCENT
INCREASE), AND 131,134 WEBSITE PAGE VIEWS. SCORE LAUNCHED TH	HE SCORE SHEET BLOG WITH A
MISSION TO BE TENNESSEE'S PRIMARY SOURCE FOR EDUCATION REFOR	RM NEWS AND COMMENTARY.
THIS BLOG HAS FEATURED 33 DIFFERENT AUTHORS, INCLUDING TEACH	IERS, POLICYMAKERS, AND
STUDENTS. AS PART OF THE CAMPAIGN TO BUILD AWARENESS AND ON	ILINE ENGAGEMENT FOR THE
SCORE PRIZE EVENT IN SEPTEMBER, SCORE LAUNCHED "RISE TO THE	CHALLENGE" CAMPAIGN.
SCORE RECEIVED DOZENS OF ENTRIES FROM SCHOOLS ACROSS TENNESS	SEE ANSWERING THE RELATED
QUESTION WITH OVER A THOUSAND VOTES FOR THE FINALISTS IN A T	HREE-DAY VOTING PERIOD.

Name of the organization TENNESSEE STATE COLLABORATIVE ON	Employer identification number
REFORMING EDUCATION	26-3670335
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION _	
SOUTHEASTERN REGIONAL RURAL EDUCATION SUMMIT: TO ELEVATE THE	CONVERSATION AROUND
RURAL EDUCATION ISSUES, SCORE HOSTED THE SOUTHEAST REGIONAL RE	JRAL EDUCATION SUMMIT
IN_JULY551 ATTENDEES FROM 19 STATES PARTICIPATED IN GENERAL	SESSIONS AND
BREAK-OUT SESSIONS ON TOPICS RANGING FROM USING TECHNOLOGY IN	RURAL EDUCATION TO
INCREASING COLLEGE COMPLETION RATES. SOCIAL MEDIA WAS INTEGRA	ATED_TO_ALLOW_THOSE
UNABLE TO ATTEND TO PARTICIPATE AND SPREAD THE IMPACT OF THE H	EVENT.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE CEO AND COO, ALONG WITH THE EXTERNAL ACCOUNTANT PERFORM THE	HE INITIAL REVIEW OF
THE FORM 990. A DRAFT COPY OF THE FORM 990 IS SHARED WITH THE	ENTIRE BOARD. IT IS
THEN REVIEWED WITH THE CHAIRMAN AND SECRETARY OF THE BOARD. (1	THE SECRETARY OF THE
BOARD ALSO SERVES ARE THE CHAIR OF THE FINANCE/AUDIT COMMITTEE	E.)
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	MENT OF CONFLICTS
SCORE HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH IS REVIE	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 ACKNOWLEDGEMENT. ALL DISCLOSURE ST	ATEMENTS ARE REVIEWED
BY THE CEO AND CHAIRMAN OF THE BOARD TO DETERMINE IF FURTHER A	CTION IS NEEDED.
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCES	S FOR CEO, EXEC. DIR., OR TOP MG1
THE PROCESS FOR DETERMINING COMPENSATION INCLUDES: 1) A REVIEW	AND APPROVAL BY THE
BOARD OF DIRECTORS OR COMPENSATION COMMITTEE OF THE ORGANIZATI	ON, 2) THE USE OF DATA
REGARDING COMPARABLE COMPENSATION FOR OTHERS IN SIMILAR POSITI	ONS AND 3)
CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCES	S FOR OFFICERS & KEY EMPLOYEES
SAME AS ABOVE.	
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Schedule O (Form 990 or 990	0-EZ) 2	2011							Page	2
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FORM 990, PART VI	, LINE	E 19 - OTHI	ER ORGAN	NIZATION DO	CUMENTS PUE	BLICLY AV	AILABLE	<u>:</u>		
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GOVERNING DOCUM	FN12	, POLICI	ES, AND	FINANCIAL	STATEMENTS	ARE AVE	TTABTE	OPON_	REQUEST.	· _
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Schedule O (Form 990 or 990-EZ) 2011

2011

#### **SCHEDULE O - SUPPLEMENTAL INFORMATION**

PAGE 2

TENNESSEE STATE COLLABORATIVE ON REFORMING EDUCATION

26-3670335

FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENT

TOTAL \$ 580,000.